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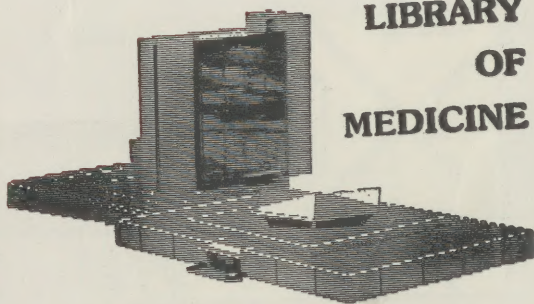
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*U. S. Congress, House, Committee on
Armed Services*
ARMY-NAVY PERMANENT NURSE CORPS

SUBCOMMITTEE NO. 9, HOSPITALIZATION, HEALTH
COMMITTEE ON ARMED SERVICES
HOUSE OF REPRESENTATIVES
EIGHTIETH CONGRESS
FIRST SESSION

HEARINGS ON H. R. 1943
TO ESTABLISH A PERMANENT NURSE CORPS OF
THE ARMY AND NAVY, AND TO ESTABLISH A
WOMEN'S SPECIALIST CORPS IN THE ARMY

FEBRUARY 6, 1947



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HOUSE COMMITTEE ON ARMED SERVICES

SUBCOMMITTEE No. 9, HOSPITALIZATION, HEALTH

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[No. 50]

**SUBCOMMITTEE HEARING ON H. R. 1373 TO REORGANIZE THE
NURSE CORPS OF THE NAVY AND OF THE NAVAL RESERVE;
H. R. 1673 TO REVISE THE MEDICAL DEPARTMENT OF THE
ARMY; AND H. R. 1943 TO ESTABLISH A PERMANENT NURSE
CORPS OF THE ARMY AND THE NAVY AND TO ESTABLISH
A WOMEN'S MEDICAL SPECIALIST CORPS IN THE ARMY**

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE No. 9,
COMMITTEE ON ARMED SERVICES,
Thursday, February 6, 1947.

The subcommittee met at 10 a. m., Hon. Margaret Chase Smith (chairman) presiding.

Mrs. SMITH. The committee will come to order. This is the first meeting of the Hospitalization and Medical Subcommittee of the Armed Services Committee. The jurisdiction of this subcommittee is over all medical matters, including hospitalization, evacuation, sanitation, health, venereal-disease control, mental hygiene, neuropsychiatry, dentistry, veterinary medicine, nursing, dietetics, physiotherapy, and the medical organizations of the armed services.

For the clarification of this subcommittee procedure, I want to inform the witnesses of the manner in which the hearings will be conducted, and particularly I would like to call the attention of the representatives of the War and Navy Departments so that they may be better prepared for the future hearings of this subcommittee.

Witnesses desiring to appear before the subcommittee should file at least 15 copies of their prepared statement with the clerk of the committee, so that the members of the subcommittee, that is, each member of the subcommittee, may have a copy of the witness' statement and that there may be some additional copies for the press, and others.

Witnesses should make written request to the chairman of the subcommittee as far in advance of the date of the hearing as possible.

Similarly, the copies of the prepared statements should be filed as soon as possible and not later than the day preceding the day of the hearing.

To conserve the witness' time, as well as the subcommittee's, and to provide a greater opportunity for hearing all of those who wish to be heard, the prepared statements of all witnesses, except the principal representative of either the War Department or the Navy Department, should be limited to no more than two pages. However, if any witness feels he is unable to adequately present his views in these required two pages, then he may be permitted to file a supplemental statement, which will be incorporated in the record and considered by the subcommittee but not read by the witness at the hearing.

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I suggest that the principal representative of either the War Department or the Navy Department restrict his statement to no more than six pages and that the presentation of details will be incorporated in a supplemental statement rather than in the principal statement.

Departmental representatives present at the hearings should register with the clerk of the committee.

We will follow the rules of the full committee as far as possible which means that it will be the policy of the subcommittee to permit the witness to complete his principal statement before interrogation.

In other words, the members will not interrupt the delivery of the witness' statement by questions.

Upon the completion of the witness' statement, each member of the subcommittee will be given a full opportunity to interrogate the witness, without interruption by any of the other members of the subcommittee.

The chairman will call upon each member in turn, for his interrogation of the witness.

In order to insure a more equitable system of interrogation by the various members of the subcommittee, the chairman will vary the order in which she calls upon each individual member for his own interrogation of the witness.

The only exception to this procedure will be in the event that either the chairman of the full committee, or the ranking minority member of the full committee, or both, are present at a meeting of the subcommittee. In such instances, the initial opportunity for interrogation will be accorded to the chairman of the full committee and then to the ranking minority member of the full committee.

Upon the completion of all of the testimony, the bill will be read and considered section by section by the subcommittee.

The basis of individual question will be the same as during the hearing of testimony.

Upon full explanation of the section to the satisfaction of all members, any amendments to the section will be considered.

After full discussion and action on any proposed amendments, the committee will vote on the section.

It will then proceed to the reading, consideration, and voting on the next section, thus taking the bill up section by section.

Under this procedure, upon the completion of the reading, consideration, and voting of all sections, the subcommittee will vote on the entire bill and report back to the full committee.

One of the basic motivations of the merging of the Military Affairs and Naval Affairs Committees into the single Armed Services Committee was the obvious need for greater uniformity in the administration and policies of the Army and Navy.

While there has been much controversial discussion about the merging of certain functions of the Army and Navy in the executive department, one area of greatest agreement as to more adaptable integration has been that of hospitalization and medical organization of the armed services.

Therefore, it is most fitting to day that this subcommittee launches its work on legislation that vitally affects both the Army and Navy.

This subcommittee, in striving for the goal of greater uniformity, will consider two separate bills—one with respect to the Navy and the other with respect to the Army, but both with respect to the Nurse Corps of each service.

In other words, an Army bill and a Navy bill on the same subject but at the same hearing today instead of at separate hearings by separate committees as in the past.

We are doing this because we are most conscious of the desirability and necessity of legislating for the Armed Services as a whole rather than specially for each service.

We will first consider H. R. 1373, a bill to reorganize the Nurse Corps of the Navy and of the Naval Reserve.

Upon completion of the committee's consideration of this bill, we will consider H. R. 1673, a bill to reorganize the Nurse Corps of the Army and of the Army Reserve.

We will not report out either bill before we have acted upon both bills.

In fact, it is my intention that this subcommittee obtain the maximum of uniformity by combining the two bills into one bill and reporting out a fresh, single bill for both the Naval Nurse Corps and the Army Nurse Corps.

Representative Francis Bolton of Ohio has introduced the Army bill, H. R. 1673.

Mrs. Bolton, do you want to make a statement?

STATEMENT OF FRANCES BOLTON, REPRESENTATIVE FROM THE STATE OF OHIO

Mrs. BOLTON. Madam Chairman, it is a very great pleasure to me to have a part in—

Mrs. SMITH. May I interrupt? The members are asking for a copy of your bill. The bill was introduced yesterday. The copies are not here—although the report is here—but I am advised they will be in soon.

We will consider the Navy bill first, but we will hear Mrs. Bolton's statement now.

Mr. BATES. May I ask, before Mrs. Bolton proceeds with her statement, whether or not the Army bill is identical with the Navy bill?

Mrs. BOLTON. Not absolutely identical, Mr. Bates, but the thing is in conformity with it.

Mr. BATES. And you are speaking on the Army bill?

Mrs. BOLTON. I am speaking mostly on the Army bill. I am also speaking on the Navy bill.

Mr. BATES. All right.

Mrs. SMITH. Thank you, Mrs. Bolton.

Mrs. BOLTON. I want very much to express my appreciation for the great courtesy extended to me by the chairman of the Armed Services Committee in permitting me to present this bill.

It is a very great pleasure to me to have a part in continuing the life of certain branches of the Army medical services.

It has been my privilege to work very closely with the nursing organizations of our services for many years and it is a real satisfaction to me to present the bill that will give commissioned status to certain groups that heretofore have had such status only on a temporary basis after some 20 years of service in a pseudo rank when they assumed all the responsibilities with great credit.

Title I of this bill has to do with the establishment in the medical department of the Army a group to be known as the Medical Service

Corps, which will absorb the pharmacy group and the medical administrative group and will consist of a pharmacy section, the medical allied science section, and such other sections as may be deemed necessary by the Secretary of War. Representatives of the Medical Corps will give you the details of this title I, and I will not take the time of the committee by attempting to duplicate.

Title II is to establish the Army Nurse Corps and the Women's Medical Specialists Corps in the medical department of the Regular Army. The Women's Medical Specialist Corps will consist of a dietetics section, a physical therapy section, and an occupational therapy section. The Army Nurse Corps will, as always, consist of nurses with a high standard of professional training. The testimony of the witnesses from the Department will give a picture of the practical reasons for putting these corps on a commissioned status. They range all the way from the securing of high standard personnel through the administration problems which involve discipline and the control of the operation of hospital boards, kitchens, and clinics, to adequate care of the patients committed to their charge.

The physical and occupational therapists and the dietitians have only recently been recognized as essential parts of the adequate care of the sick. They were granted temporary commissions in the AUS by the Seventy-eighth Congress. Anything less than a permanent commissioned status will make the securing of personnel impossible. The Army Nurse Corps, with which I have been associated rather closely since World War I when we were able to secure nurses for the Army through the establishment of the Army School of Nursing and the relative rank given them to insure proper ward care, came into being on February 2, 1901.

I will omit the details, which I would like to put into the record with my statement.

I think it is safe to say that no branch of the services came out of the war with as much advancement in prestige as the Nursing Corps of the Army and Navy. Headed by Colonel Blanchfield and Captain Dauser, they met the needs of our wounded with a high courage and a devotion to duty unexampled in history. It is important that the responsibilities that are theirs in peacetime should be carried on with the same high standards. Knowing the trends of the nursing profession, I am very aware of and want to point out to you the necessity of attracting the right kind of women to the services. Only the commissioned status called for in this bill and in the Navy nurse bill, which you are also considering, can do this. I have no question of the decision that will be made by this committee. You are men and women of understanding and of experience, and I shall rest the case with you with no anxiety for the future of the various corps involved.

Inasmuch as you are considering a bill sponsored by the able chairman of this subcommittee, Mrs. Smith, to give the same commissioned status to the nurses of the Navy, I hope it will not be considered out of order for me to speak for a moment of the Navy Nurse Corps, which has done such a superb job in spite of certain restrictions which some of us are hoping will be lessened.

Chairman ANDREWS. Lady Smith, may I interrupt and ask Mrs. Bolton if she will proceed a little more slowly?

Mrs. BOLTON. I was just trying to save your time.

Chairman ANDREWS. Otherwise you might as well file the statement. You are reading it too fast.

Mrs. BOLTON. I will be glad to. Thank you.

The common criticism that one hears is that too much of the nursing in the wards is done by corpsmen; that when a man's sick he wants a nurse—he wants a woman's hand. The men may be ever so gentle, ever so understanding, but no man can take the place of a woman in a hospital ward. This, of course, is tacitly agreed to when the difficult and serious cases are immediately given care by the trained nurse. It would be very gratifying if under the new organization there might be a sufficient number to make it possible for a very much larger part of the actual care of the sick to be done by those who entered training in order to alleviate suffering rather than to occupy a position largely consisting of supervision and teaching. To many of us have come stories of the tremendous lift of morale when the wounded were transferred to hospital ships and so to the care of women. As it happens in two of the large hospitals—Mare Island and Alca—there were a sufficient number of nurses to give more than the usual amount of trained nursing care and I think the records will show that this was of great benefit.

One phase of the responsibility taken by the Navy of today is the care of dependents. Few actions could have been taken that would have done more to raise the morale of our sailors than this. This would mean an increase in the over-all number of nurses as, of course, women and children are nursed by women; but the benefits to the Navy as a whole would be very real.

In closing, I would like to add my word to the suggestion made by you, Madam Chairman, that when the committee studies the testimony and considers the future of the nursing care to be given our armed services they rewrite these bills and create a unified nurse corps. This might necessitate, of course, a separate bill for title I of H. R. 1673, and for that part of Title II which sets up the Women's Medical Specialists Corps consisting of a Dietetics Section, a Physical Therapy Section, and an Occupational Therapy Section. I have discussed this from time to time with members of the two corps and have had opportunity since the merging of the House committees to go into the matter rather more seriously. One of the contributions that these separations would make would be to simplify the administration of all three groups, which should lead to greater efficiency, which, in its turn, should mean economy. I would, therefore, like to suggest to the committee that if possible—and I can find no reason why it would not be possible—the nurse corps of all the services be joined into one.

Again let me thank you for your courteous permission to appear before you today.

Mrs. SMITH. Thank you, Mrs. Bolton.

Mr. DURHAM. Madam Chairman—

Mrs. SMITH. Mr. Durham.

Mr. DURHAM. I would like to ask if you are directing your remarks at H. R. 1763, which is the Army bill.

Mrs. BOLTON. Yes, sir; but both, in view of the fact that they come in together under my suggestion—

Mr. DURHAM. And this is the bill that we do not have the copies of?

Mrs. BOLTON. Yes, sir.

Mrs. SMITH. That is right.

Mrs. BOLTON. But during the hearings it will be brought before the committee.

Mrs. SMITH. Thank you, Mrs. Bolton.

This morning, our first witnesses will be those from the War and Navy Departments: Admiral Clifford Swanson, Chief of the Bureau of Medicine and Surgery; Norman T. Kirk, Surgeon General of the Army; Gen. Ira P. Swift; Capt. Nellie Jane Dewitt, Director of the Navy Nurse Corps; and Colonel Blanchfield, Director of the Army Nurse Corps.

Upon the completion of their testimony, we will hear the statements of others who have requested an appearance before the subcommittee.

Inasmuch as we will first take up H. R. 1373, the Navy bill, our first witness will be Admiral Swanson, Chief of Bureau of Medicine and Surgery.

Admiral Swanson, will you please come forward and make your statement?

Have all of the members of the subcommittee been provided with copies of your statement, Admiral?

Admiral SWANSON. We have them here now, Madam Chairman.

Mrs. SMITH. Admiral, do we have the copies of your statement for the members of the subcommittee?

Admiral SWANSON. Yes, ma'am.

Mrs. SMITH. May we have them to distribute to the members of the committee?

Admiral SWANSON. Yes, ma'am.

(Copies of documents handed to the Chair.)

Mrs. SMITH. All right, Admiral Swanson.

(H. R. 1373 is as follows:)

[H. R. 1373, 80th Cong., 1st Sess.]

A BILL To reorganize the Nurse Corps of the Navy and of the Naval Reserve

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That a Nurse Corps, which shall be a component part of the Medical Department of the Navy, is hereby created and established as a staff corps of the United States Navy.

SEC. 2. The Nurse Corps of the United States Navy shall consist of officers commissioned in the grade of nurse by the President, by and with the advice and consent of the Senate, and such officers shall have the rank of commander, lieutenant commander, lieutenant, lieutenant (junior grade), or ensign: *Provided*, That there shall not be more than five nurses with the permanent rank of commander on the active list at any one time. The total authorized number of officers of the Nurse Corps shall be four for each thousand of the actual number of officers, midshipmen, and enlisted personnel of the active list of the Regular Navy and Regular Marine Corps. Computations to determine such authorized number shall be made on the effective date of this Act and on January 1 of each year thereafter, and the resulting number shall be held and considered as the authorized number until a subsequent computation is made. No officer of the Nurse Corps shall be separated from the active list as the result of any subsequent computation.

SEC. 3. There shall be a Director of the Nurse Corps appointed by the Secretary of the Navy, upon the recommendation of the Surgeon General of the Navy, from among the officers of the active list of the Nurse Corps for a term of not more than four years. While so serving the Director shall have the rank of captain, shall be entitled to the pay and allowances as are now or may be hereafter prescribed by law for a captain of the Navy, and her regular status as a commissioned officer of the Nurse Corps shall not be disturbed by reason of such appointment.

SEC. 4. All members of the active list of the existing Nurse Corps of the Regular Navy, who, on the effective date of this Act, are serving in a temporary rank authorized by present law, may, during a period of not more than six months after enactment of this Act, be transferred to the Nurse Corps created by this Act, and, upon transfer, shall be appointed for temporary service pursuant to, and subject to the limitations of, the Act of July 24, 1941 (55 Stat. 603), as now

or hereafter amended, to the same rank and with the same precedence held by them on the date of such transfer, and for the purposes of such appointments under the said Act, such members of the Nurse Corps shall be considered to be commissioned officers in the Regular Navy. Nurses so transferred, who at the time of such transfer had to their credit leave accrued but not taken, shall not, by reason of such transfer, lose such accrued leave. Prior to the termination of their temporary appointments, the Secretary of the Navy shall appoint a board of not less than three naval officers, who, in accordance with such regulations as he may prescribe, shall assign running mates to the Nurse Corps officers transferred and appointed for temporary service pursuant to this section, and such officers shall be assigned permanent ranks corresponding to the permanent ranks held by their running mates: *Provided*, That no officer of the Nurse Corps shall be assigned a permanent rank above that of commander.

SEC. 5. Except as provided in sections 4 and 11 of this Act, appointments to the grade of nurse in the Regular Navy shall be with the rank of ensign, and each such appointment shall be subject to revocation by the Secretary of the Navy until such time as the appointee is advanced to the rank of lieutenant (junior grade). Officers whose appointments are so revoked shall be discharged from the service without advanced pay. Such appointees shall be female citizens of the United States who shall not have reached the age of thirty years on July 1 of the calendar year in which appointed. No person shall be appointed pursuant to this section until she shall have established her mental, moral, educational, professional, and physical qualifications to the satisfaction of the Secretary of the Navy.

SEC. 6. Officers of the Navy Nurse Corps shall have authority in medical and sanitary matters and all other work within the line of their professional duties in and about naval hospitals and other activities of the Medical Department of the Navy next after officers of the Medical Corps and the Dental Corps of the Navy. They shall exercise such military authority as may be prescribed from time to time by the Secretary of the Navy.

SEC. 7. (a) All provisions of law now existing or hereafter enacted relating to the advancement in rank of officers of the staff corps of the Navy, except those provisions relating to the same subject matter provided for in the following subsections of this section, shall be construed to include officers of the Nurse Corps.

(b) Paragraph 2, section 16, of the Act of June 10, 1926 (44 Stat. 723); section 17 of the Act of June 10, 1926 (44 Stat. 724); and section 4 of the Act of August 5, 1935 (49 Stat. 530), shall not apply to officers of the Nurse Corps established by this Act.

(c) Section 3 of the Act of June 10, 1926, is hereby amended by inserting the following proviso after the colon which appears after the word "mate" in line 17, paragraph 4, thereof, on page 718, volume 44, Statutes at Large: "*Provided further*, That an officer of the Nurse Corps recommended for advancement to the rank of commander in the approved report of a selection board shall be eligible for advancement to such rank when a vacancy occurs therein and when so advanced, such officer shall be entitled to the pay and allowances of the rank of commander only from the date of the vacancy."

(d) Section 16 of the Act of June 10, 1926, is hereby amended by striking out the period as it appears after the word "him" in line 7, paragraph 1, thereof, on page 723, volume 44, Statutes at Large, substituting a colon therefor, and adding the following proviso: "*Provided*, That a selection board to recommend officers of the Nurse Corps for advancement to the rank of commander shall be convened only if there exists a vacancy in such rank or if the Secretary of the Navy estimates or determines that a vacancy will occur in the ensuing twelve-month period."

(e) Boards for selection of Nurse Corps officers for recommendation for advancement to the ranks of commander, lieutenant commander, and lieutenant shall be composed of not less than six nor more than nine officers not below the rank of captain on the active or retired list of the Medical Corps: *Provided*, That in case there is not a sufficient number of officers of the Medical Corps legally or physically qualified to serve on the selection board as herein provided, officers of the line of the active list of the rank of captain may be detailed to duty on such board to constitute the required membership.

SEC. 8. (a) All provisions of law now existing or hereafter enacted relating to retired officers of the staff corps of the Navy and to the retirement or separation from the active list of such officers, except those provisions relating to the same subject matter provided for in the following subsections of this section, shall be construed to include officers of the Nurse Corps.

(b) Each officer of the Navy Nurse Corps who attains the age of fifty-five years while serving in the rank of commander or above, and each officer of such corps who attains the age of fifty years while serving in the rank of lieutenant commander or below, shall be retired by the President on the first day of the month following that in which she attains such age, and, except as otherwise provided in this section, shall be placed on the retired list in the permanent rank held by her at the time of retirement.

(c) An officer of the Navy Nurse Corps, who may be retired for any reason while serving as Director of such corps or subsequent to service as Director while serving in a lower rank, may, in the discretion of the President if she shall have served two and one-half years or more as Director, be placed on the retired list in the rank held by her as Director.

(d) An officer of the Navy Nurse Corps who shall have served prior to July 1, 1946, in a rank higher than her permanent rank, other than by virtue of appointment as Director of the said corps, shall, when retired for any reason, if not otherwise entitled to the same or higher rank, be advanced to the highest rank in which, as determined by the Secretary of the Navy, she served satisfactorily. In any case where, as determined by the Secretary of the Navy, any such officer has not performed satisfactory duty in the highest rank held by her while on active duty, she shall be placed on the retired list with the next lower rank in which she has served but not lower than her permanent rank.

(e) An officer of the Nurse Corps placed on the retired list in her permanent rank pursuant to subsection (b) of this section shall receive retired pay at the rate of 2½ per centum of the active-duty pay to which entitled at the time of retirement multiplied by the number of years for which entitled to credit in the computation of her active-duty pay, not to exceed a total of 75 per centum of said active-duty pay.

(f) An officer of the Nurse Corps retired by reason of physical disability incurred in the line of duty shall, if placed on the retired list in a rank higher than her permanent rank, receive retired pay equal to 75 per centum of the active-duty pay to which she would be entitled if serving, at the time of retirement, on active duty in the rank in which placed upon the retired list.

(g) An officer of the Nurse Corps retired other than by reason of physical disability incurred in the line of duty shall, if placed on the retired list in a rank higher than her permanent rank, receive retired pay equal to 2½ per centum of the active-duty pay to which she would be entitled if serving, at the time of retirement, on active duty in the rank in which placed upon the retired list, multiplied by the number of years for which entitled to credit in the computation of her active-duty pay, not to exceed a total of 75 per centum of said active-duty pay.

(h) In any instance in which retired pay is computed as prescribed in subsections (e) and (g) of this section, a fractional year of six months or more shall be considered a full year in computing the number of years by which the rate of 2½ per centum is multiplied.

(i) The number of years service to be credited to officers of the Navy Nurse Corps in determining their eligibility for voluntary retirement shall be based on the total of all active service either under an appointment or contract or as a commissioned officer in the Nurse Corps of the Army or Navy, or the reserve components thereof and all active service in the Nurse Corps or the Nurse Corps Reserve abolished by this Act shall, for this purpose only, be regarded as commissioned service in the Navy or the reserve components thereof, as the case may be.

(j) Retired officers of the Navy Nurse Corps shall be authorized to bear the title, and, under such regulations as may be prescribed by the Secretary of the Navy, to wear the uniform of the rank with which retired.

SEC. 9. (a) All provisions of law relating to pay, leave, money allowances for subsistence and rental of quarters, mileage and other travel allowances, or other allowances, benefits, or emoluments, of male officers of the Navy, except those provisions relating to the same subject matter provided for in subsection (b) of this section, are hereby made applicable to officers of the Nurse Corps: *Provided*, That the husbands of officers of the Navy Nurse Corps shall not be considered dependents of such officers unless they are in fact dependent on their wives for their chief support, and the children of such officers shall not be considered dependents unless their father is dead or they are in fact dependent on their mother for their chief support: *Provided further*, That officers of the Nurse Corps may be subsisted in hospital messes in accordance with section 17 (a) of the Act of August 2, 1946 (Public Law 604, Seventy-ninth Congress, second session), and such officers may

be assigned quarters in naval hospitals under such regulations as the Secretary of the Navy may prescribe.

(b) Longevity pay for officers of the Navy Nurse Corps shall be based upon the total of all periods of service during which they have held or shall hold appointments as nurses or as commissioned officers in the Nurse Corps of the Army, Navy, or Public Health Service, or the reserve components thereof.

Sec. 10. The Naval Reserve Act of 1938 (52 Stat. 1175), as amended, is hereby further amended by adding after section 508 thereof, an additional title as follows:

"TITLE VI—NURSE CORPS RESERVE

"Sec. 691. A Nurse Corps Reserve is hereby established which shall be a branch of the Naval Reserve and shall be administered under the same provisions in all respects (except as may be necessary to adapt said provisions to the Nurse Corps Reserve, or as specifically provided herein as those contained in this Act or which may hereafter be enacted with respect to the Volunteer Reserve.

Sec. 602. Members of the Nurse Corps Reserve may be commissioned in appropriate ranks corresponding to those of the Nurse Corps of the Regular Navy in accordance with such regulations as the Secretary of the Navy may prescribe. Such members of the Nurse Corps Reserve, when on active duty, shall have the same authority in and about naval hospitals and other activities of the Medical Department of the Navy as officers of the Nurse Corps of the Regular Navy.

"Sec. 603. The Reserve established by this title shall be composed of members who are female citizens of the United States and who shall have such professional or other qualifications as shall be prescribed by the Secretary of the Navy.

"Sec. 604. All Nurses of the Volunteer Reserve appointed under the authority of title 1, section 4, of this Act are hereby transferred to the Nurse Corps Reserve established by section 601 of this title in such permanent ranks as the Secretary of the Navy may determine and the temporary ranks held by those on active duty on the effective date of this title shall not be vacated by reason of such transfer. Each nurse so transferred, who at the time of such transfer had to her credit leave accrued but not taken, may, subsequent to such transfer, be granted such leave without loss of pay and allowances."

Sec. 11. Sections 5, 6, and 7 of the Act of April 18, 1946 (60 Stat. 92), as now or hereafter amended, shall be construed to include members of the Nurse Corps Reserve, and former members of the Nurse Corps or the Nurse Corps Reserve abolished by this Act.

Sec. 12. Nurses appointed to commissioned rank pursuant to section 4 of this Act, who, under a prior appointment in the Nurse Corps, shall have subscribed to the oath of office as required by section 1757, Revised Statutes, shall not be required to renew such oath or take a new oath under her appointment as a commissioned officer in the Nurse Corps of the United States Navy if her service in the Nurse Corps after taking such oath shall have been continuous.

Sec. 13. Effective six months after enactment of this Act, all laws or parts of laws inconsistent with the provisions of this Act are hereby repealed, and the provisions of this Act shall be in effect in lieu thereof and such repeal shall include but shall not be limited to the following Acts and parts of Acts:

(a) The third paragraph, subheading "Repairs, Bureau of Medicine and Surgery," heading "Bureau of Medicine and Surgery," of the Act of May 13, 1908, as it appears on page 146, volume 35, Statutes at Large.

(b) So much of the Act of May 13, 1926 (44 Stat. 531), as relates to the Navy Nurse Corps.

(c) So much of the Act of June 20, 1930 (46 Stat. 790), as amended by the Acts of March 3, 1931 (46 Stat. 1502), and October 17, 1940 (54 Stat. 1192), as relates to the Navy Nurse Corps.

(d) That part of section 4 of the Act of June 25, 1938 (52 Stat. 1176), which relates to the appointment of female registered nurses in the Volunteer Reserve.

(e) That part of section 2 of the Act of June 16, 1942 (56 Stat. 360), which authorizes an increase of 20 per centum in base pay of Navy Nurses while on sea duty.

(f) So much of section 13 of the Act of June 16, 1942 (56 Stat. 366), as relates to the Navy Nurse Corps.

(g) The Act of July 3, 1942 (56 Stat. 646).

(h) Section 7 of the Act of December 22, 1942 (56 Stat. 1074).

(i) The Act of February 26, 1944 (58 Stat. 105).

(j) The Act of December 3, 1945 (59 Stat. 594).

Sec. 14. All provisions of existing law repealed by section 13 of this Act, which relate to the retirement and the retired pay of members or officers of the Navy

Nurse Corps, shall remain in effect with respect to such members or officers who have been retired prior to the effective date of section 13 of this Act, and no retired member or officer of the Navy Nurse Corps shall suffer by reason of this Act any reduction or loss of retirement benefits to which she was entitled upon the effective date of this Act.

SEC. 15. Except as provided in section 13 hereof, this Act shall take effect thirty days after the date of its enactment.

STATEMENT OF ADMIRAL CLIFFORD SWANSON, CHIEF OF THE BUREAU OF MEDICINE AND SURGERY, NAVY DEPARTMENT

Admiral SWANSON. Madam Chairman, a bill to reorganize the Nurse Corps of the Navy and of the Naval Reserve.

1. This bill was submitted to Congress by the Navy Department as an essential part of its legislative program. It has been cleared by the Bureau of the Budget.

2. The title of this proposed legislation might be better stated as: "A bill to prevent the disestablishment of the Navy Nurse Corps." Unless legislation such as is here proposed to make permanent the temporary commissioned rank and pay of the Navy Nurse Corps shall be enacted, with the ending of the war emergency the members of the Nurse Corps will revert to the pay scale provided by the Pay Readjustment Act of 1942, which, beginning with the sum of \$1,080 per annum, gives the Navy Nurse a top pay of \$1,800 per annum after the completion of 12 years of service. Such revision would mean the dissolution of the Navy nurse Corps.

3. The letter of the Secretary of the Navy transmitting this proposed legislation to the Congress contains a section-by-section analysis and explanation of the bill. I will, therefore, confine my statement to the major features of the bill and to the vital need for its enactment. This proposed legislation would continue the wartime rank and pay of the Nurse Corps by establishing that Corps as a staff corps of the United States Navy, consisting of officers commissioned in the grade of nurse with rank from ensign to commander, headed by a director appointed by the Secretary for a term of not to exceed 4 years, who, while so serving, would have the rank and pay of captain. It is provided that there shall be no more than five nurses with the permanent rank of commander on the active list at any one time, and that the total authorized number of officers of the Nurse Corps shall be 4 for each 1,000 of the total actual number of officers and enlisted personnel of the Navy and Marine Corps.

4. The members of the Nurse Corps of the Regular Navy serving on the active list on the effective date of this bill in temporary rank, as authorized by present law, are to be transferred to the Nurse Corps created by the bill in the rank held by them on the date of transfer. A board appointed by the Secretary later will assign running mates to these Nurse Corps officers—as in the case of all staff corps officers—and prior to the termination of their temporary appointments they are to be assigned permanent rank corresponding to the permanent ranks—not above commander—held by their running mates.

5. Otherwise, appointments to the grade of nurse are to be in the rank of ensign from female citizens of the United States under 30 years of age, who meet the educational, professional, physical, and other standards to be established by the Secretary. All provisions of law relating to the selection, promotion, and advancement of officers of other staff corps of the Navy are, in general, to apply to the Nurse

Corps. The boards for selection of Nurse Corps officers for advancement are to be composed of officers of the Medical Corps.

6. The provisions of law relating to the retirement of officers of the Staff Corps of the Navy are to apply to the Nurse Corps except as follows:

(a) A member of the Nurse Corps holding the office of director, or a member serving in the rank of commander, shall be retired on reaching the age of 55 years.

(b) When any officer of the Nurse Corps below the rank of commander reaches the age of 50 years she is to be retired.

These retirements are to be by direction of the President.

7. In general, under the provisions of this bill all provisions of law relating to pay, leave, money allowances for subsistence and rental of quarters, mileage and other travel allowances, and benefits or emoluments of male officers of the Navy, are made applicable to the officers of the Nurse Corps, except that the husbands of such officers are not construed to be dependents unless in fact dependent on their wives for chief support. The children of Nurse Corps officers are not considered dependent unless the father is dead or they are in fact dependent on the mother for chief support.

8. The bill also amends the Naval Reserve Act of 1938 to establish a Nurse Corps Reserve, to be a branch of the Naval Reserve and to be administered under the same provisions in all respects as those contained in this bill with respect to the Regular Nurse Corps.

9. During the war the Nurse Corps reached a peak strength of 11,086 officers. In August 1945, plans for demobilizing the Reserve nurses were formulated on the basis of maintaining a ratio of 1 nurse to 10 patients during demobilization. Actually, demobilization progressed at a slightly accelerated rate over that planned, but an acute shortage of nurses was not evident until June 1946, and it is now feared that, without remedial legislation, the size of the corps will be diminished to a number insufficient properly to staff our hospitals and dispensaries.

10. The present strength of the Navy Nurse Corps is 2,278, consisting of 1,514 Regular Navy and 764 Reserves. This number is contrasted against a budget strength of 2,460 for the fiscal year 1947 and 2,610 for the fiscal year 1948. We need about 1,000 new nurses to replace those being lost by attrition. It is expected that 600 nurses will leave the corps because of marriage, and another 400 because of retirement, resignation for hardship, and to further their education. This last reason has considerable significance for the future of the Navy Nurse Corps as well as for the nursing profession in general. Then, too, as I will explain later, we also need some 500 nurses as an increase over these currently authorized.

11. Nurses will no longer enter the nursing world under the poor living and working conditions prevalent in the past, as testified by the lack of student nurses in schools of nursing. Members of the profession leaving military service are not returning to civilian nursing in any appreciable number. Because of these facts, the Navy will have to put forth great efforts to make nursing in the Navy attractive if it hopes to obtain its share of the available small supply of nurses.

12. Our plans for the future of the Navy Nurse Corps are, therefore, predicated on the enactment of this proposed legislation giving permanent commissioned rank to the corps. I cannot too strongly emphasize that if the Navy Nurse Corps is to compete with civilian and with

other Federal nursing organizations in securing nurses of a high type, or is even to exist at all, it must have the definite standing and the pay and allowances of permanent rank to offer. The opportunities in civil life are particularly good and, in contrast with the naval service, the civilian nurse is not required to leave her home environment, nor is there the almost complete breaking of family ties which service in the Navy necessitates. The members of the Nurse Corps of the Army now have the rank and pay of commissioned officers under temporary wartime legislation, and bills were introduced in the Seventy-ninth Congress, second session, which would make the provisions of these temporary laws permanent. Under the act of July 1, 1944, nurses are appointed to the Commissioned Corps of the Public Health Service, established by that act, with the same pay and allowances as male officers of corresponding grade, including allowances for dependents. In a recent reorganization of the Veterans' Administration, nurses have been given a professional status with pay scales ranging from \$2,644.80 to \$6,862.80 per annum. The Civil Service Commission also has revised its standards for graduate nurses giving them a professional rating comparable to that of a doctor of medicine or doctor of dentistry, with grades ranging from professional 1 to professional 8, and salary scale ranging from \$2,644.80 to \$10,000 per year.

13. Navy nurses were given the pay and allowances of commissioned officers of the Navy from the first pay period to and including the sixth period by the acts of December 22, 1942, and December 3, 1945: Their commissioned rank and pay rates are to continue until 6 months after the termination of the present war. As this proposed legislation will but perpetuate pay rates in effect since 1942, it cannot be considered that as to pay and allowances there will be an increase over present costs, and any increases incident to other provisions of the bill, such as those relating to retirement, should be insignificant. However, a comparison of the cost of maintaining the corps under the Pay Readjustment Act of 1942 and under the proposed legislation would show an increase on a per annum basis of \$3,882,495. I do not believe that this is a factual comparison.

14. Reverting to that section of the bill which would fix the authorized strength of the corps as four for each thousand of the total actual number of officers and enlisted personnel of the Navy and Marine Corps, and in addition thereto, it would be desirable to increase this number to six for each thousand. With the hospitalization of dependents of naval personnel now authorized by law, and therefore subject to a more insistent and greater demand for service, it has become more and more manifest in recent months that the ratio of four per thousand is grossly inadequate to supply the required female nursing care to women and children patients in our naval hospitals and dispensaries. Either the authorized number of nurses must be increased or we must deny to our dependents the medical and hospital care which Congress intends that they should have. The six for each thousand now requested is the number presently authorized for the Nurse Corps of the Army.

Mrs. SMITH. Thank you, Admiral Swanson.

We are now considering H. R. 1373, the bill to reorganize the Nurse Corps of the Navy and of the Naval Reserve.

Questions may now be put to the witness on that bill.

The chairman of the full committee, Mr. Andrews, is present. Mr. Andrews, have you any questions?

Chairman ANDREWS. No questions.

Mrs. SMITH. The ranking minority member, Mr. Vinson.

Mr. VINSON. Thank you, Madam Chairman, but I don't care to ask any questions at this time.

Mrs. SMITH. Admiral, how was the total authorized nurse strength of 4 for each 1,000 naval personnel arrived at?

Admiral SWANSON. That was merely an estimate of prewar needs.

Mrs. SMITH. Is this limited exclusively to nurses, or does this number include dietitians, technicians, and so forth?

Admiral SWANSON. This is limited to nurses, inasmuch as our dietitians, physical therapists, and occupational therapists are Navy nurses who have been trained in these specialties and are included in our Nurse Corps.

Mrs. SMITH. I notice in paragraph 3, on page 1 of your statement, you state the bill provides that there shall not be more than five nurses with the rank of commander on the active list at any one time. Will you tell us how this arbitrary figure was arrived at? What was the basis for it?

Admiral SWANSON. This figure was arrived at by our Nurse Corps, because prior to 1942 we had four assistant superintendents in the Nurse Corps, and they adopted the figure of four, and then added one to take care of the Director of Nurses in case her term of office would expire and then she would again revert to commander.

Mrs. SMITH. Would there be any reason why it should not be put on a percentage basis?

Admiral SWANSON. It would be better, perhaps, if there were one commander, let us say, for each one of our naval districts.

Mrs. SMITH. That could be placed on a percentage basis, then, according to the personnel of the Nurse Corps?

Admiral SWANSON. It would have to be a set number, because we have only a set number of naval districts.

Mrs. SMITH. Will you please tell us something about the necessity for the legislation, that is, for the record, to recruit the necessary personnel strength? You have mentioned it briefly in your statement. What I would like for the record is a comparison of the over-all pay, including the subsistence and allowances, for the beginning pay and the top pay for the nurses in the Civil Service, Public Health, and the Navy.

Admiral SWANSON. In the United States Civil Service Commission, all nurses have a professional rating, with a grade from professional 1 to professional 8. The entrance salary of grade P-1 is \$2,644.80 per year. The top salary of professional grade 8, is \$10,000 per year.

Now, in the United States Veterans' Administration, a junior nurse receives \$2,644.80 to \$3,397.20 per year. The assistant head nurse, the assistant chief nurse in large hospitals and the chief nurse in small hospitals get a salary from \$3,397 to \$4,149 per year. The chief nurse in the large hospitals of the Veterans' Administration receive \$4,900 to \$5,900 per year. The supervisor of branch offices of nursing in the Veterans' Bureau receive \$4,900 to \$6,800 per year.

In the United States Public Health Service, the commissioned officers of the Public Health Nursing Service receive the same salaries as the commissioned nurses in the Army and in the Navy. The Civil Service nurses, comprising 900 of the total of 1,394, have two classi-

fications at present. The staff nurse has a professional rating, while the senior nurse still retains a subprofessional rating. The salaries paid at present are as follows: The staff nurse receives \$2,600 to \$3,300 per year. The senior nurse, that is, the subprofessionals, receive \$2,400 per year. The assistant or acting assistant receives \$2,600 per year, and the chief nurse, which is a subprofessional rating, receives \$2,800 per year.

Mrs. SMITH. Admiral Swanson, I note, in paragraph 6, on page 2, it is proposed that those serving in the rank of commander shall be retired on reaching the age of 55 years, and those below the rank of commander at the age of 50 years.

Inasmuch as the mandatory retirement age for personnel of the Navy is now set at 62 years of age, will you tell us how you arrive at these figures, for ages, of 55 and 50?

Admiral SWANSON. One, in order to keep a younger, more elastic Navy Nurse Corps;

Two, because of the rigorous type of work done and the easy adaptability required of the nurse.

It has been found by members of the profession in general that early retirement in civilian institutions also, is necessary for the great majority of nurses.

In the military service, greater elasticity even than in civilian institutions is required of the nurse because of the constantly changing duty station, housing, and so forth.

Beyond the age of 50, the difficulties of community living, such as obtains of necessity in nursing quarters provided by the military services, are magnified.

The consensus of our experience has been that for a nurse actually doing physical nursing, it is better to retire her at 50.

Mrs. SMITH. How many nurses in the rank of lieutenant commanders and commanders would be doing actual bedside nursing? Do you have any in that group?

Admiral SWANSON. It would be our policy to have all nurses with the rank of senior lieutenant do actual nursing. Those with ranks above lieutenant, in the majority of cases, would do supervising.

Mrs. SMITH. It would seem to me that we would be losing the value of some real experience, by letting women go at 50 years, that is, when they are 50 years old. With the mandatory retirement age at 62 years, we would be gaining something from their experience.

Admiral SWANSON. Only if they were in a supervising capacity. The nurse in that age group of 55 to 62 would have to be in a supervising capacity. I don't believe that she would be able to do the rigorous work of Navy nursing and transfer from station to station, even transferring within the continental United States.

Mrs. SMITH. Would you have any lieutenant commanders over 50?

Admiral SWANSON. In this proposed legislation, the only nurses over 50 would be the commanders and the director.

Mrs. SMITH. Do you have any nurses who are beyond the retirement age who might not be transferred under this bill, but who should be transferred in order to be retired?

Admiral SWANSON. We have 29 nurses in that category.

Mrs. SMITH. Have you thought of any provision to take care of them?

Admiral SWANSON. To bill 1373, to reorganize the Nurse Corps of the Navy and of the Naval Reserve, I would suggest an amendment,

by adding the following new sentence after the period which appears after the word "retirement" in line 6, page 7 thereof:

Nothing contained in this subsection shall be construed to prohibit the transferring under section 4 hereof to the Nurse Corps as created by this Act of such members of the Nurse Corps which existed prior to the enactment of this Act as may have reached the retirement age as specified herein prior to such transfer.

Mrs. SMITH. And that will take care of all of the nurses of that group?

Admiral SWANSON. That will take care of the 29 nurses.

Mrs. SMITH. We will consider that amendment when we come to that section.

Now, Admiral, paragraph 10, on pages 3 and 4, the statistics that you quote as to the strength of the Nurse Corps indicate that it is presently composed one-third of reservists. What are your plans as to the retention of the nurse reservists on active duty?

Admiral SWANSON. We would hope that we could fill our whole quota with Regular Navy nurses.

Mrs. SMITH. You don't plan, then, to keep the reservists on active duty indefinitely?

Admiral SWANSON. No, Ma'am.

Mrs. SMITH. I notice that section 6 of the bill grants authority to the nurses. Will you tell us as to where their authority begins and ends, and what the authority of the director is?

Admiral SWANSON. Section 6 says:

Officers of the Navy Nurse Corps shall have authority in medical and sanitary matters and all other work within the line of their professional duties in and about naval hospitals and other activities of the Medical Department of the Navy next after officers of the Medical Corps and the Dental Corps of the Navy.

By that we mean, let us say a lieutenant junior grade doctor or an intern shall be able to give orders of a medical nature concerning the patient to a nurse of a higher rank than he holds.

Mrs. SMITH. Does the director have a voice on the policy and discipline boards?

Admiral SWANSON. The director?

Mrs. SMITH. Yes.

Admiral SWANSON. Yes; indeed.

Mrs. SMITH. What plans do you have presently to make use of the WAVES in the Nurse Corps?

Admiral SWANSON. Well, if Wave legislation is enacted, we would have Hospital Corps WAVES, and they would have ratings similar to our hospital corpsmen, such as hospital apprentice first class, and pharmacist mate third class. They are particularly good in the physical therapy as technicians, X-ray technicians, and so forth.

During the past war, however, many of them were used in a strictly nursing capacity because of the shortage of nurses.

Mrs. SMITH. Have you given any consideration to having the enlisted ratings in the Nurse Corps, instead of mixing the WAVES and nurses?

Admiral SWANSON. We have not, because we take into the Nurse Corps only graduate and registered nurses.

Mrs. SMITH. Would there be any objection to such a plan, that you can think of?

Admiral SWANSON. I would think there would be an objection, because it would lower our standards.

Mrs. SMITH. Standards of the nurses?

Admiral SWANSON. Standards of the nurses; yes.

Mrs. SMITH. Admiral, are you familiar with the legislation that the Army is proposing with respect to the Army Nurse Corps? I notice that you make reference to it in your statement.

Admiral SWANSON. Yes; in generality.

Mrs. SMITH. Are there any major differences that you can think of?

Admiral SWANSON. Well, the main difference is this: The Army has six per thousand total Army strength, and we have four per thousand Navy strength.

Mrs. SMITH. And you are recommending that the Navy increase the four to six?

Admiral SWANSON. To six per thousand; yes.

Mrs. SMITH. Do you have any thoughts about combining the bills and making them one bill to serve all the services, if that is the only difference?

Admiral SWANSON. The only other difference I know in this bill is, for instance, they have a specified number of dietitians, physical therapists, and occupational therapists. We predicate ours more on actual needs.

For instance, as to dietitians, we feel that we only need two dietitians in each of our naval hospitals.

We would rather have these numbers a little more elastic because as our naval hospitals decrease we can say we only need two dietitians, two physical therapists, and one occupational therapist, let us say, for each hospital.

Mrs. SMITH. For the record, Admiral, will you give us the number of hospitals, and the locations, and the nurses assigned to them?

Admiral SWANSON. Yes, ma'am.

Mrs. SMITH. For the record.

Admiral SWANSON. Yes, ma'am.

(The matter referred to is as follows:)

TABLE A.—Report of patients and Medical Department personnel at naval hospitals

Hospital	Bed capacity	Patients			Medical officers			Hospital Corps officers		Dental officers		Nurses		Hospital Corps men			
		Total	Navy	Super	Num-ber on board	(1)	(2)	Per 100 patients	(3)	Num-ber on board	Per 100 patients	Num-ber on board	Per 100 patients	Num-ber on board	Per 100 patients		
CONTINENTAL UNITED STATES																	
First Naval District:																	
Chelsea	1,000	908	710	198	23	37	3	3	8	0.8	3	61	7	276	30		
Newport	650	578	302	276	24	11	4	4	5	5.8	4	29	5	197	34		
Portsmouth, N. H.	200	112	56	56	13	4	12	1	6	5.3	1	11	10	85	76		
Third Naval District:																	
Brooklyn	700	547	443	104	29	15	5	5	6	1.0	3	55	10	176	32		
St. Albans	2,100	1,794	1,214	546	55	49	3	3	9	5	7	115	7	509	29		
Fourth Naval District: Philadelphia	1,600	1,267	567	700	68	41	5	5	11	8	8	91	7	400	32		
Severn River Naval Command: Annapolis	1,250	1,099	86	23	12	4	11	4	4	3.6	1	17	16	103	94		
Potomac River Naval Command:																	
Bethesda	1,500	1,280	883	397	43	42	3	3	7	5	2	102	8	457	36		
Quantico	1,150	1,107	105	2	10	1	9	1	5	4.6	7	7	80	75			
Fifth Naval District:																	
Bainbridge	700	610	588	12	13	2	2	2	9	1.4	1	26	4	181	30		
New River	300	218	204	14	14	3	6	3	5	2.2	1	15	7	98	45		
Norfolk	700	719	608	51	24	15	3	3	7	9	3	33	5	210	29		
Portsmouth, Va.	500	435	331	104	22	19	5	5	7	1.6	2	34	8	171	39		
Sixth Naval District:																	
Charleston	500	415	310	105	19	8	5	5	6	1.4	2	26	6	124	30		
Dublin	800	573	398	175	24	5	4	4	6	1.0	2	47	8	200	45		
Parris Island	300	105	87	18	12	1	11	1	5	4.7	1	12	11	91	87		
Seventh Naval District:																	
Key West	200	141	104	37	7	7	5	5	4	2.8	1	12	9	71	50		
Jacksonville	600	472	394	78	21	11	4	4	5	1.0	3	44	9	157	33		
Eighth Naval District:																	
Corpus Christi	500	343	184	159	17	6	5	5	7	2.0	3	20	6	130	38		
Memphis	450	284	262	22	23	7	8	7	6	2.1	7	19	7	110	49		
Houston	750	460	290	161	24	7	5	5	10	2.1	2	31	7	161	35		
Pensacola	350	266	179	87	13	5	5	5	7	2.6	1	18	7	124	47		
USPH, Fort Worth	500	202	202	0	8	2	3	3	2	7	8	3	7	72	27		
Ninth Naval District: Great Lakes																	
	1,400	901	843	58	41	31	5	5	12	1.3	5	74	8	302	34		

TABLE B.—Summary of monthly reports of patients at naval dispensaries for month ending Dec. 31, 1946

(As reported to Bureau of Medicine and Surgery)

District	Bed capacities 8-foot centers ¹		Patients under treatment				
	Perma- nent	Tempo- rary	Total remain- ing		Active duty personnel		Super- nume- aries
			Last report	This report	Offi- cers	Enlisted men	
Grand total.....	13,037		2,032	1,902	48	1,575	369
Total, Potomac River Command.....	438		37	45	2	34	9
Total 25 beds and over.....	411		35	40	2	29	9
Total under 25 beds.....	27		2	5		5	
Total, First Naval District.....	82		93	88	3	78	7
Total 25 beds and over.....	793		90	86	3	77	6
Total under 25 beds.....	36		3	2		1	1
Total, Third Naval District.....	384		20	20	2	18	
Total 25 beds and over.....	365		20	17	2	15	
Total under 25 beds.....	19			3		3	
Total, Fourth Naval District.....	242		15	8		8	
Total 25 beds and over.....	242		15	8		8	
Total under 25 beds.....							
Total, Fifth Naval District.....	1,559		320	166	4	157	5
Total 25 beds and over.....	1,514		301	142	4	133	5
Total under 25 beds.....	45		19	24		24	
Total, Sixth Naval District.....	261		99	56	2	54	
Total 25 beds and over.....	268		96	51	1	50	
Total under 25 beds.....	23		3	5	1	4	
Total, Seventh Naval District.....	384		74	59	1	51	7
Total 25 beds and over.....	305		40	34	1	26	7
Total under 25 beds.....	79		34	25		25	
Total, Eighth Naval District.....	886		125	103	4	99	
Total 25 beds and over.....	851		124	93	4	89	
Total under 25 beds.....	35		1	10		10	
Total, Ninth Naval District.....	1,480		79	64	2	62	
Total 25 beds and over.....	1,464		78	64	2	62	
Total under 25 beds.....	16		1				
Total, Tenth Naval District.....	133		52	45	2	31	12
Total 25 beds and over.....	119		52	45	2	31	12
Total under 25 beds.....	14						
Total, Eleventh Naval District.....	2,228		440	317	6	265	46
Total 25 beds and over.....	2,184		440	316	6	264	46
Total under 25 beds.....	44			1		1	
Total, Twelfth Naval District.....	575		70	46	1	44	1
Total 25 beds and over.....	517		68	44	1	42	1
Total under 25 beds.....	58		2	2		2	
Total, Thirteenth Naval District.....	427		36	18	1	14	3
Total 25 beds and over.....	383		35	17		14	3
Total under 25 beds.....	44		1	1	1		
Total, advance bases.....	3,181		572	957	18	660	279
Total 25 beds and over.....	3,004		543	894	17	599	278
Total under 25 beds.....	177		29	63	1	61	1

¹ Bed capacities are "Total authorized" as reported on Form I.² Total dispensaries, 25 beds and over, 12,420 beds; total under 25 beds, 617 beds. Based on reports from 117 dispensaries 25 beds and over; 57 dispensaries under 25 beds. This report is made with the knowledge that all activities are not reporting.

TABLE B.—Summary of monthly reports of patients at naval dispensaries for month ending Dec. 31, 1946—Continued

District	Bed capacities 8-foot centers		Patients under treatment				
	Perma- nent	Tempo- rary	Total remain- ing		Active duty personnel		Super- nume- aries
			Last report	This report	Offi- cers	Enlisted men	
POTOMAC RIVER COMMAND.....	438		37	45	2	34	9
NAS, Patuxent River, Md.....	293		31	36	2	25	9
NMWTSta, Solomons, Md.....	32		2	2		2	
ODC, Solomons, Md.....				4		4	
NavProvGd, Dahlgren, Va.....	17		2				
MarBai sPostDisp, Quantico, Va.....	46						
USMCAirSta, Quantico, Va.....	40		2	2		2	
NAS, Anacostia, D. C.....	10			1		1	
First Naval District.....	829		93	28	3	78	7
NavSta, Portland, Maine.....	4						
NavRecSta, Boston, Mass. ³	158		2	5		5	
NAF, So. Weymouth, Mass. ³	6			1			1
NAS, Squantum, Mass.....	10		2				
NavDiscpBaks, Portsmouth, N. H. ³	56		8	14		14	
NAAS, Charlestown, R. I.....	16		1	1		1	
NavTraSta, Newport, R. I.....	300						
NAS, Quonset Point, R. I. ³	200		65	55	3	52	
NavDisp, Argentia, Newfoundland.....	79		15	12		6	6
Third Naval District.....	384		20	20	2	18	
SuBase, New London, Conn.....	164		12	12		12	
NAD, Earle, N. J.....	46		1	2	2		
NAS, Brooklyn, N. Y.....	118		1				
NavRecSta, Brooklyn, N. Y.....	37		6	3		3	
NAD, Iona Island, N. Y.....	6						
NSD, Scotia, N. Y.....	13			3		3	
Fourth Naval District.....	242		15	8		8	
NAS, Atlantic City, N. J.....	75		2	3		3	
NAS, Lakeland, N. J.....	66		9	4		4	
NSD, Mechanicsburg, Pa.....	50		2				
NAS, Willow Grove, Pa.....	51		2	1		1	
Fifth Naval District.....	1,559		320	166	4	157	5
NavTraCen, Bainbridge, Md.....	140		101	8		8	
Camp Lejeune, New River, N. C.....	122		23	23		23	
USMCAirSta, Cherry Point, N. C.....	318		58	49	3	41	5
PhiTraBase, Little Creek, Va.....	402		27	14		14	
USMC DepSup, Norfolk.....	5						
NavAirBases, Norfolk.....	157		20	27	1	26	
NavRe-TrainComd, Norfolk.....	20		17	21		21	
NavSta, Norfolk.....	300		69	21		21	
NA&DU, Williamsburg, Va.....	11		2	3		3	
NavNinDept, Yorktown, Va.....	75		3				
NavNinwSch, Yorktown, Va.....	9						
Sixth Naval District.....	291		99	56	2	54	
NAS, Atlanta, Ga.....	50		2	7	1	6	
NAF, Glyncro, Ga.....	38		2				
NAS, St. Simons Island, Ga.....	19		3	5	1	4	
NAO, Charleston, S. C.....	4						
MarBaks, Parris Island, S. C.....	180		92	44		44	
Seventh Naval District.....	384		74	59	1	51	7
NAS, Banana River, Fla.....	39		17	8		1	7
NAAS, Cecil Field, Fla. ³	30		3	1		1	
NavSta, Green Cove Springs, Fla.....	21		31	23		23	
NAS, Jacksonville, Fla.....	112		14	17	1	16	
NATechTraCen, Jacksonville, Fla.....	108		9	9		9	
NAS, Key West, Fla. ³	46						
ODC, Key West, Fla. ³	8			1		1	
NAS, Miami, Fla.....	15						
NARTU, Miami, Fla.....	15						

³ Figures from Form I of November.

TABLE B.—Summary of monthly reports of patients at naval dispensaries for month ending Dec. 31, 1946—Continued

District	Bed capacities 8-foot centers		Patients under treatment				
	Perma- nent	Tempo- rary	Total remain- ing		Active duty personnel		Super- numer- aries
			Last report	This report	Offi- cers	Enlisted men	
POTOMAC RIVER COMMAND— Continued							
Eighth Naval District	886		125	103	4	99	
NAD, Shumaker, Ark.				1		1	
NavMinCMSta, Panama City, Fla.	6			1		1	
NAS, Pensacola, Fla.	50		8	6		6	
NavAirTraBases, Pensacola, Fla.	102		18	8	1	7	
NAS, New Orleans, La.	25		2				
NavRepBase, New Orleans, La.	98		22	22	1	21	
NAD, McAlester, Okla.	19			4		4	
NAS, Memphis, Tenn.	10		1	4		4	
NATechTraCen, Memphis, Tenn.	218		5	2		2	
NATechTraCen, Corpus Christi, Tex.	34		11	7		7	
NavAirTraBase, Corpus Christi, Tex.	141		23	26	1	25	
NAS, Dallas, Tex.	108		15	12	1	11	
NAF, Hitchcock, Tex.	28						
NavSta, Orange, Tex.	47		20	10		10	
Ninth Naval District	1,480		79	64	2	62	
NAS, Glenview, Ill. ³	75		4	4		4	
NavTraCen, Great Lakes, Ill.	824		55	37		37	
NAD, Crane, Ind.	88						
NavPreFlight Sch, Ottumwa, Iowa.	91		2	5		5	
NAS, Olathe, Kans.	189		1	3		3	
NAS, Grosse Ile, Mich.	105		2	4		4	
NAS, Minneapolis, Minn.			1				
NAS, St. Louis, Mo.	54		11	9	1	8	
NAD, Hastings, Nebr.	38		3	2	1	1	
NAS, Columbus, Ohio.	8						
NavOrdPlant, Indianapolis, Ind.	8						
Tenth Naval District	133		52	45	2	31	12
NOB, Trinidad, British West Indies.	66		12	14		11	3
NAS, Guantanamo Bay, Cuba.	14						
NAS, San Juan, P. R.	53		40	31	2	20	9
Eleventh Naval District	2,228		440	317	6	265	46
NT&DC, Camp Elliott, Calif.	1						
PhibTraBase, Coronado, Calif.	106		10	3		3	
USMC AirSta, El Centro, Calif.	15			1		1	
USMC, AirSta, El Toro, Calif.	104		19	21		21	
NavOrdTestSta, Inyokern, Calif.	100		23	21		5	16
NAS, Los Alamitos, Calif.	68						
USMC AirSta, Miramar, Calif.	119		1				
NAS, Mojave, Calif. ³	77		2				
HqBn, Camp Pendleton, Calif.	162		24	7	1	6	
NT&DC, Pt. Hueneme, Calif. ³	364		37	37	1	28	8
USMC Base, San Diego, Calif. ³	94		132	73		73	
NAS, San Diego, Calif.	228		66	65	4	39	22
NavFtSonarSch, San Diego, Calif.	16						
SmallCraFac, San Diego, Calif.	12						
NavSta, San Diego, Calif.	31		31	26		26	
NavTraCen, San Diego, Calif.	522		59	38		38	
NAAS, San Ysidro, Calif.	36		10	6		6	
NAS, Santa Ana, Calif.	35		2				
NAS, Terminal Island, Calif.	40						
NavDiscpBks, Terminal Island, Calif.	38		10	12		12	
NavRecSta, Terminal Island, Calif. ³	50		14	7		7	

³ Figures from Form I of November.

TABLE B.—Summary of monthly reports of patients at naval dispensaries for month ending Dec. 31, 1946—Continued

District	Bed capacities 8-foot centers		Patients under treatment				
	Perma- nent	Tempo- rary	Total remain- ing		Active duty personnel		Super- nume- ries
			Last report	This report	Offi- cers	Enlisted men	
POTOMAC RIVER COMMAND— Continued							
Twelfth Naval District	575		70	46	1	44	1
NavAirBases, Alameda, Calif.	180		56	32	1	31	
NavLEEDep, Albany, Calif. ³	8						
NTSch, Del Monte, Calif.	27		2				
NAB, Mare Island, Calif.	7						
NAS, Oakland, Calif.	18			2		2	
NSD, Oakland, Calif.	6						
NavMag, Pt. Chicago, Calif.	85						
NavShipYd, San Francisco, Calif.	6						
NavNetDep, Tiburon, Calif.	13		2				
NavSta, Treasure Island, Calif.	119		8	7		7	
NAD, Hawthorne, Nev. ³	36			5		4	1
NSD, Clearfield, Utah	70		2				
Thirteenth Naval District	427		36	18	1	14	3
NavOrdPlant, Pocatello, Idaho	12						
NavSta, Astoria, Oreg.	24						
NavBerthFac, Portland, Oreg.	42		9	7		7	
NAS, Tillamook, Oreg.	44			1		1	
NavShipYd, Bremerton, Wash.	75						
NavTorpSta, Keyport, Wash.	8		1	1	1		
NAS, Seattle, Wash.	110		1	1		1	
NavSta, Seattle, Wash.	25		7	2		2	
NAS, Whidbey Island, Wash. ³	87		18	6		3	3
Advanced bases	3,181		572	957	18	660	279
NOB, Adak, Alaska ³	13			8		8	
NAS, Agana, Guam ³	25						
NAF, Attu, Alaska ³	35			14	1	9	4
NavSuBase, Balboa, C. Z. ³	5			8		8	
NAS, Barber's Point, T. H. ³	82		10	10		10	
NAB, Bremerhaven, Germany ³	50		11	19	2	17	
NAF, Ebeye, Island ³	7						
NOB, Eniwetok Island ³	75			1		1	
USMCAS, Ewa, Oahu, T. H. ³	15		8	6		6	
NavRadioSta, Farfan, C. Z.	1		1				
MarBaks, Guam ³	10		5	5		5	
NavBaks, NOB, Guam ³	47						
JointCommAct., Guam	5		1	3		3	
NavMedCen, Guam	300			191			191
NavSupCen, Guam ³	9		4	9		9	
NavRecSta., Guam ³	56						
NAF, Johnstons Island ³	37		2	1		1	
ComFltAct., Jokosuka, Japan ³	150		133	66	1	65	
NAS, Kahului, Maui, T. H. ³	100		10	6		4	2
NAS, Kaneohe Bay, Oahu, T. H.	144		12	4		4	
NAF, Keehi, Lagoon, T. H.	70		6	8		8	
NAS, Kodiak, Alaska	106		20	11	1	9	1
NavMilGovtDisp, Koror Palau Is	50		37	53		53	
Anchor Sec, Manila, Philippine Is-lands	63		31	30		28	2
NAS, Kwajalein, Marshall Islands ³	35		16	17	1	14	2
NMilGovt Disp, Kwajalein, Marshall Islands	25		24	15			15
NAD, Lualualei, Oahu, T. H. ³	32			2		2	
NavDisp, London, England ³	12			4	1	3	
NavBase, Manus Island and Admiralty, Islands ³	25			9		9	
NAS-NOB, Midway Island	20		2	2		1	1
NAS, Orote, Guam ³	20						
NAS, Palmyra, Island ³	9						
NAS, Pearl Harbor, T. H.	26		6	1		1	
NavFltServ Disp, Pearl Harbor, T. H. ³	50						

³ Figures from Form I of November.

TABLE B.—Summary of monthly reports of patients at naval dispensaries for month ending Dec. 31, 1946—Continued

District	Bed capacities 8-foot centers		Patients under treatment				
	Perma- nent	Tempo- rary	Total remain- ing		Active duty personnel		Super- numer- aries
			Last report	This report	Offi- cers	Enlisted men	
POTOMAC RIVER COMMAND— Continued							
Advanced bases—Continued							
NSubBase, Pearl Harbor, T. H. ³	10			6		6	
NASDisp, Port Lyautey, French Mo- rocco	26		5	4		4	
NAS, Saipan	100		2	1		1	
NOB, Saipan	75		33	61		56	5
NAS, Samar, Philippine Islands ³	50		6	6		5	1
NOB, Tubaboa, Philippine Islands	82		28	2		2	
Leyte ShipRepFac, Manicani, Philip- pine Islands ³	130		34	33	1	12	20
SuBase, Subic Bay, Luzon, Philippine Islands ³	22			9		9	
NOB, Subic Bay, Luzon ³	125		46	34		27	7
NAF, Tinian Island ³	25						
NavSta, Tutuila, Samoa ³	88		7	14	3	11	
NAS, Upam Coco Solo, C. Z.	79						
NavAirBase, Kobler Field, Saipan	50		5	4	1	3	
ComCommander, Marianas ³	5		8	3		3	
NavBase, Buckner Bay, Okinawa ³	42		6	6		6	
NavMilGovtDisp, Truk Island ³	80		41	26		2	24
NAS, Sangley Point, Philippine Is- lands	69		12	12		10	2
NavRadioSta, Washiawa, Oahu, T. H.	14						
First Med Bn., first MarDiv ³	400			233	6	225	2

³ Figures from Form I of November.

TABLE C.—Nurses on board at naval hospitals

Hospitals:	Number	Hospitals—Continued	Number
Aiea Heights, Hawaii	30	Newport, R. I.	25
Annapolis, Md.	12	Norfolk, Va.	31
Astoria, Oreg.	5	Oakland, Calif.	71
Bainbridge, Md.	19	Parris Island, S. C.	12
Bethesda, Md.	75	Pensacola, Fla.	16
Brooklyn, N. Y.	40	Philadelphia, Pa.	69
Camp Le Jeune, N. C.	10	Portsmouth, N. H.	11
Charleston, S. C.	26	Portsmouth, Va.	30
Chelsea, Mass.	54	Puget Sound, Wash.	25
Coco Solo, C. Z.	5	Quantico, Va.	7
Com. 7th Fleet	13	Sampson, N. Y. (Adm. & Disest Unit)	26
Corona, Calif.	71	San Diego, Calif.	68
Corpus Christi, Tex.	17	Santa Margarita Ranch, Calif.	16
Dublin, Ga.	42	Seattle, Wash.	28
Fort Worth, Tex.	5	St. Albans, N. Y.	101
Great Lakes, Ill.	58	Treasure Island, Calif.	15
Guam naval medical center	23		
Guam Memorial Hospital	8	Total nurses	1,290
Guantanamo Bay, Cuba	5	Total hospitals	42
Houston, Tex.	27	Dispensaries:	
Jacksonville, Fla.	35	Alameda, Calif. (NAS)	3
Key West, Fla.	10	Argentina, Newfoundland (NOB)	4
Long Beach, Calif.	87	Bainbridge, Md. (NTS)	1
Mare Island, Calif.	41	Balboa, C. Z.	2
Memphis, Tenn.	19		
Military Government Hos- pital No. 202	2		

³ Figures from Form I of November.

TABLE C.—Nurses on board at naval hospitals—Continued

Dispensaries—Continued	Number	Dispensaries—Continued	Number
Banana River, Fla. (NAS)---	7	Rio de Janeiro, Brazil (Joint	
Barbers Point, Hawaii		Brazil-U. S. Mil. Com)---	2
(NAS)-----	2	Saipan, M. I. (NavBase)---	1
Barstow, Calif.-----	1	San Diego, Calif. (NAS)---	22
Bermuda, BWI, (NAS)-----	3	San Diego, Calif. (NRB)---	2
Boston, Mass (SY)-----	1	San Diego, Calif. (NTS)---	2
Camp LeJuene, N. C.-----	1	San Diego, Calif. (MCB)---	1
Canton, Ohio (NOP)-----	1	San Francisco, Calif. (12th	
Center Line, Mich. (NOP)---	1	N. D.)-----	7
Cherry Point, N. C. (MCAS)	8	San Francisco, Calif. (NSY)---	1
Clearfield, Utah (NSD)---	2	Sangley Point, P. I. (NAB)---	1
Cleveland, Ohio (Field		San Juan, P. R. (NAS)---	5
Branch BuSandA)-----	2	Seattle, Wash. (NavSta)---	1
Corpus Christi, Tex.		Shumaker, Ark. (NOP)---	1
(NAS)-----	1	Solomons, Md. (NMWTS)---	1
Crane, Ind. (NAD)-----	1	Staff Com Nats-----	29
Dallas, Tex. (NAS)-----	1	St. Simon's Island, Ga.	
Dutch Harbor, Alaska		(NAS)-----	1
(NOB)-----	3	Stockton, Calif. (SuppA)---	1
El Toro, Calif (MCAS)---	1	Subic Bay, P. I. (NOB)---	2
Forest Park, Ill. (NOP)---	1	St. Thomas, V.I. (SubBase)---	4
Glenview, Ill. (NAS)-----	1	Terminal Island, Calif.	
Hawthorne, Nev. (NAD)---	3	(NavSta)-----	1
Indian Head, Md. (PowFac)	1	Treasure Island, Calif.	
Inyokern, Calif. (OTS)---	10	(NavSta)-----	1
Jacksonville, Fla. (NAS)---	2	Trinidad, British West	
Johnston Island (NAS)---	2	Indies (NOB)-----	5
Johnsville, Pa. (NAMC)---	1	Tutuila, Samoa-----	8
Kahului Maui (NAS)-----	2	Washington, D. C. (Nav-	
Key West, Fla (SubBase)---	1	Dept)-----	27
Kodiak, Alaska (NAS)-----	4	Washington, D. C. (Nav-	
Lakehurst, N. J. (NAS)---	5	GunFac)-----	1
London, England-----	1	Whidbey Island, Wash.	
Manicani, Philippine Is-		(NAS)-----	6
lands (S. R. B.)-----	1	Yokosuka, Japan (ComFle-	
Manila, Philippine Islands		Act)-----	4
(PhilSeaFron)-----	2	York, Pa. (NOP)-----	1
Mare Island, Calif. (NSY)---	1	Yorktown, Va. (WSchool)---	1
McAlester, Okla. (NAD)---	2		
Mechanicsburg, Pa. (NSD)---	2	Total nurses-----	283
Midway Island (NOB)-----	2	Total dispensaries-----	87
Minneapolis, Minn. (NAS)---	1	Total nurses in grade:	
Moffett Field, Calif. (NAS)---	2	Captain-----	1
New London, Conn. (Sub-		Commander-----	5
Base)-----	5	Lieutenant commander-----	465
New Orleans, La. (NRB)---	1	Lieutenant-----	639
New York, N. Y. (NY)-----	1	Lieutenant (junior grade)---	385
Norfolk, Va. (NAS)-----	2	Ensign-----	272
Norfolk, Va. (NavSta)---	2	Naval District:	
Oakland, Calif. (NSD)---	1	First-----	127
Orange, Tex. (RecSta)---	2	Third-----	210
Ottumwa, Iowa (NAS)---	2	Fourth-----	124
Patuxent (NAS)-----	10	Fifth-----	159
Pearl Harbor, Hawaii (NSY)	3	Sixth-----	85
Pensacola, Fla. Whiting		Seventh-----	67
Field (NAS)-----	2	Eight-----	117
Philadelphia, Pa. (NASD)---	1	Ninth-----	91
Philadelphia, Pa. (NY)---	1	Tenth-----	25
Port Hueneme, Calif.		Eleventh-----	316
(NT&DC)-----	5	Twelfth-----	177
Portland, Maine (NavSta)---	1	Thirteenth-----	77
Portsmouth, Va. (NSY)---	1	Fourteenth-----	67
Puget Sound, Wash. (NY)---	1	Fifteenth-----	8
Quonset Point, R. I. (NAS)---	10	Seventeenth-----	8

TABLE C.—*Nurses on board at naval hospitals—Continued*

	<i>Number</i>		<i>Number</i>
Potomac River Command.....	178	Atlantic Fleet.....	16
Severn River Command.....	15	Pacific Fleet.....	39
ComPacFleet.....	81	Staff Com Nats.....	39
Com 7th Fleet.....	13		
Joint Brazil-United States Mil- Com.....	2	Total.....	2, 042

Mrs. SMITH. Mr. Bates, do you have any questions of Admiral Swanson?

Mr. BATES. Admiral, in your suggestion of this ratio of four a thousand increased to six a thousand, in view of the fact that you are limiting the rank of commander to but five nurses, on the basis of that four a thousand, do you think the increase of 50 percent in the ratio, to say, six per thousand, ought to bring about an increase in the rank of commanders to the sum total?

Admiral SWANSON. I would believe that it would be better for us to limit our commanders to one commander for each naval district. I believe that would be better. She would be the General Inspector of each one of our naval districts, from a nursing standpoint.

Mr. BATES. Well, having in mind, of course, there must be 15 naval districts——

Admiral SWANSON. Fifteen; yes, sir.

Mr. BATES. You wouldn't mean by that that we ought to have 15 commanders, would you?

Admiral SWANSON. That would be 15 commanders; yes.

Mr. BATES. But the language of the bill says that it is to provide not more than five nurses with the permanent rank of commander on the active list at any one time.

Admiral SWANSON. That is right.

Mr. BATES. What is the difference between the two, namely, 15 or 5?

Admiral SWANSON. I may say that this bill received the study of the Navy Nurse Corps prior to my advent into my present position. I have talked this point over as to how they reached that figure, and they had no tangible answer why they reached that particular figure.

Since talking this over, I thought that one commander nurse to each naval district——

Mr. BATES. That would be 15 altogether.

Admiral SWANSON. That would be 15.

Mr. BATES. Then you would want this language in this bill changed, and instead of restricting it to only five commanders at one time it would be one to each naval district, meaning 15, and not more than 15 at any one time. Is that what you mean?

Admiral SWANSON. It would be better to specify only one for each naval district, in case the naval districts should at all vary.

Mr. BATES. And that would be 15?

Admiral SWANSON. At the present time there are 15 naval districts.

Mr. BATES. Yes.

Admiral SWANSON. Plus one for the Director of the Nurse Corps.

Mr. BATES. So that would be one for each district, plus one Director, giving you 16, let us say, under the present setup of 15 naval districts?

Admiral SWANSON. That is correct, sir.

Mr. BATES. Then that would require a change in the bill, that now would restrict you to five commanders at any one time, is that right?

Admiral SWANSON. That is correct, sir.

Mr. BATES. Now, a question on No. 2, along the same line that Mrs. Smith asked.

I wonder why we cannot—and I think I asked this question a year or two ago—develop in the Navy a training system for nurses through the medium of the Hospital Corps? Of course, again we go back to the necessity and the wisdom of expanding, let us say, the WAVE, but that is not altogether necessary. It seems to me that we might well give consideration to the training of nurses because of the large demand that we will have from time to time for trained nurses in the Navy, giving these young women—who ought to be very carefully, and would be, of course, selected—an opportunity to go in with the hospital corpsmen and go right up through the ranks.

I think the establishment of a Navy training school would be one of the answers to our congested problem in the securing of Navy nurses.

Now, there may be some reasons for that, but it is quite obvious from what you say that when the precedent is already being established by the Veterans' Administration, the Public Health Service, and the Civil Service Commission, insofar as high salaries and lucrative positions are concerned, that you just cannot maintain the Nurse Corps of the Navy unless we conform with some thoughts along the line in the bill that you suggested here this morning.

That is a pretty serious situation. Personally, I don't know how the civil-service nurse ever gets a \$10,000 salary, placing a nurse on the same basis as a doctor. I just don't quite understand that. It is a matter that I think somebody ought to look into. Certainly, in my opinion, a nurse, even notwithstanding the long practical experience that she has, has not the background and training to be put on the same level, as far as pay scales are concerned, with a doctor.

I think what we ought to have is some standardization of salaries in the nursing corps in all departments of the Government, not to have a nurse paid \$1,800 a year who happens to work for the Navy as an enlisted nurse, or even a commissioned officer, and then have some other nurse in the Veterans' Administration who happens to have a civilian job and is right at home all the time, getting \$4,000 or \$5,000 a year, and then, to carry it further, in some branch of the civil service to get as high, as you say, as \$10,000 a year.

Something, it seems to me, ought to be checked into pretty carefully there.

I think your statement is a very excellent one, Admiral, and as far as I am concerned, I think we ought to go along and increase that ratio from four to six, the same as the Army.

I think, further, before we get through we ought to, along the same lines I mentioned before, be sure that there are no discrepancies between the pay in the Army and the pay in the Navy. It seems to me it ought, as a general proposition, be a complete classification. There is no justification for one grade of nurses in one branch of the military service getting more benefits, in the form of pay or otherwise, than a nurse in another branch of the service.

That is one of the good things that I think is going to come out of this so-called joint committee meeting.

Thank you, Madam Chairman.

Mrs. SMITH. Mr. Rivers, have you any questions?

Mr. RIVERS. Madam Chairman, you have covered very fully the provisions of the bill, and the Admiral's statement.

Like Mr. Bates, I want to congratulate you, Admiral, on your excellent statement, and also to congratulate you on your elevation to your present position.

Admiral SWANSON. Thank you, sir.

Mr. RIVERS. And I may further say that if you take care of the men and women in your department, as well as you took care of some of us Congressmen when we were out in the Pacific, I am sure they will get along very well.

Admiral SWANSON. Thank you, sir.

Mr. RIVERS. I want to ask you two or three questions.

I was interested to hear you say, in paragraph 10, on page 4 of your prepared statement, that you needed at least 1,000 extra nurses, which is in addition to the——

Admiral SWANSON. 2,278 is the present strength.

Mr. RIVERS. In addition to the 2,278?

Admiral SWANSON. Yes, sir.

Mr. RIVERS. You need 1,000 more than that for the purpose of replacement due to attrition, and so forth?

Admiral SWANSON. That is right. Attrition rate, sir, is 20 percent per year by marriage.

Mr. RIVERS. And then, in addition to that, for a working group, you would need 500 more?

Admiral SWANSON. Yes, sir.

Mr. RIVERS. That means you would need 1,500, is that correct?

Admiral SWANSON. Well, that 500, sir, would be taken care of if we had the six per thousand.

Mr. RIVERS. Now, the Budget gives you 2,610 for the fiscal year 1948.

Admiral SWANSON. Yes, sir.

Mr. RIVERS. And we are coming to that now.

Admiral SWANSON. That is right.

Mr. RIVERS. So, in addition to 2,610—I just want to get these figures in my mind—you would need how many? How many over the 2,610 would you need to give you a working group?

Admiral SWANSON. If the six per thousand were passed, we would be entitled, on the authorized strength of the Navy, to 3,983 nurses.

Mr. RIVERS. 3,428 nurses?

Admiral SWANSON. No, sir; it would be 3,983, predicated on a total authorized strength, Navy and Marine Corps, of 663,902.

Mr. RIVERS. And you wouldn't need the 500?

Admiral SWANSON. That is correct; the 500 would be included in the increase from four to six per thousand.

Mr. RIVERS. If we gave you legislation taking care of the six per thousand, you would need no additional pool, so to speak?

Admiral SWANSON. That is correct.

Mr. RIVERS. With which to carry on?

Admiral SWANSON. That is correct.

Mr. RIVERS. Have you talked to the Surgeon General of the Army about the possibility of working out something to iron out the objections which you brought out between the two services?

You have said something about moving from one hospital to another. Wouldn't it make it easier for you to have one bill to take care of them?

Admiral SWANSON. I haven't talked to the Surgeon General of the Army, sir, about this bill.

Mr. RIVERS. You haven't?

Admiral SWANSON. Not about this particular bill.

Mr. RIVERS. And you haven't talked to him about any unified bill to be reported out by the committee?

Admiral SWANSON. I have not, sir.

Mr. RIVERS. Now, Mr. Bates went into the fact of the pay scales of the various Government agencies, and I, like him and lots of us, feel there shouldn't be a provision in law giving one agency the right to raid another agency.

The only way you are able to keep your nurses at this time is because of the emergency, I imagine.

Admiral SWANSON. That is correct, sir.

Mr. RIVERS. If for any reason the Congress were to declare the war over and the President's emergency powers were ended, you would be out of business?

Admiral SWANSON. I think we would have a dissolution of our Nurse Corps.

Mr. RIVERS. Therefore, the enactment of this legislation is imperative?

Admiral SWANSON. That is correct, sir.

Mr. RIVERS. Giving you permanency, in your planning and maintenance of a going organization?

Admiral SWANSON. That is correct, sir.

Mr. RIVERS. Now, about this thing of one for each district——

Admiral SWANSON. Yes, sir.

Mr. RIVERS. If we had one for each district, and the districts were for any reason combined or abolished and we were to give you the authority to cut them down as you went along with the districts——

Admiral SWANSON. If I may interrupt, the number of commanders should comply with the number of districts, sir, plus one for the Director of Nursing.

Mr. RIVERS. For the Director's Office?

Admiral SWANSON. Yes, sir.

Mr. RIVERS. Let me ask you one other question, sir, and I think I will be through. What is the reason that the Army has a different way of utilizing the services of the nurses than the Navy? I understand that the Army nurses do actual nursing, with the exception of Acia and one or two other hospitals, and the Navy nurses don't. Is that because of the shortage?

Admiral SWANSON. Well, nurses came into the Navy originally in 1908, and at that time the Nurse Corps was extremely small and they arbitrarily set the number as approximately three per thousand. With that limited number, they acted in a supervising capacity, training our hospital corpsmen to become nurses, so the hospital corpsmen could go aboard ship and act in a nursing capacity aboard ship.

However, if this proposed bill be enacted, all I can do is assure you that our nurses up to and including the rank of lieutenant will do nursing.

Mr. RIVERS. They will do the nursing even aboard ship?

Admiral SWANSON. Only hospital ships, sir.

Mr. RIVERS. I mean to say hospital ships.

Admiral SWANSON. Yes, on hospital ships.

Mr. RIVERS. Therefore, if we give you the six per thousand, you will do the nursing, just the same as the Army?

Admiral SWANSON. That is correct.

There is one thing, however; we have always had nurses who have done actual nursing. I don't think we should make a general indictment of our Nurse Corps.

Mr. RIVERS. I am not. I just wanted to have the reason for that. They have been doing it at Acia, haven't they?

Admiral SWANSON. Yes, in all our hospitals they have actually been doing nursing.

Mr. RIVERS. Just one further thing, and I am finished.

Madam Chairman, I think you ought to know, and I should like to call attention of the committee to the fact that Acia Hospital established a record in the war second to no hospital throughout the world.

Many thousands of the wounded, from every naval and marine campaign throughout the Pacific, were treated there. Because of the unsurpassed treatment these men received at Acia, I am advised that the death rate from wounds was only 2 percent, whereas in World War I, 11 percent of those wounded died.

The work that it did is one of the most outstanding things in the whole war effort.

That is all.

Mrs. SMITH. Mr. Anderson, have you any questions?

Mr. ANDERSON. Madam Chairman, there is one thing that concerns me: Admiral, your statement in paragraph 11 on page 4 with reference to the nurses no longer entering the nursing world, that is, taking nursing training. To what extent is that true? You say nurses will no longer enter the nursing world under the poor living and working conditions prevalent in the past, as testified by the lack of student nurses in schools of nursing.

To what extent has that fallen off in the past years?

Admiral SWANSON. I can only give you a quote from Admiral Sutton of the American Hospital Association, in which he tells me that civilian institutions are now only 35 percent staffed by nurses.

Mr. ANDERSON. You think, then, that the passage of this bill will cause that to pick up to the extent that you will be able to obtain all the nurses that you need?

Admiral SWANSON. We trust it will, sir.

Mr. ANDERSON. It will be at least an incentive?

Admiral SWANSON. That is correct.

Mr. ANDERSON. But you also indicate, in that same paragraph, that the Navy will have to put forth a great effort to insure an adequate supply of nurses from nursing schools. How do you intend to go about that?

Admiral SWANSON. By recruitment, by sending out our nurses to talk to the nurses in the nursing schools.

Mr. ANDERSON. And advertising?

Admiral SWANSON. And advertising.

Mr. ANDERSON. One other thing that I noted here, your statement in paragraph 5, on page 2, with reference to nurses who need the educational, professional, physical, and other standards to be established by the Secretary.

Do you mean to indicate there that higher standards are going to be instituted than you have at the present time?

Admiral SWANSON. No; we would expect, sir, that our nurses, upon making application for the corps, would be registered nurses.

Mr. ANDERSON. What is the policy now?

Admiral SWANSON. That is the policy now.

Mr. ANDERSON. I don't get that idea "to be established".

Admiral SWANSON. These standards have to be set up, sir, because there is now no permanent Navy Nurse Corps.

Mr. ANDERSON. I see. But it would be similar to the standards that are now prevalent?

Admiral SWANSON. That is correct, sir.

Mr. ANDERSON. That is all I have.

Mrs. SMITH. Mr. Durham, do you have any questions?

Mr. DURHAM. Are we going to continue? House is in session, I understand, at 11 o'clock this morning. Is that correct?

Mrs. SMITH. That is correct.

The Chair would suggest that we continue on for a few minutes, hoping to finish with the Navy Nurse Corps part, unless there is a quorum call, if there is no objection by the committee.

Mr. VINSON. There is nothing important on, Madam Chairman, and I suggest we run on until we have to leave to answer a quorum call, and not lose an hour sitting in the cloak room. This is a rather important bill.

Mrs. SMITH. Yes; it is a very important bill.

Is there objection to continuing?

(Committee members indicate desire to continue.)

Mrs. SMITH. Have you any questions?

Mr. DURHAM. I will withhold my point of order.

Mrs. SMITH. Thank you.

Have you any questions to ask of Admiral Swanson, Mr. Durham?

Mr. DUPHAM. Admiral, from your statement here, I notice your shortage at the present time. What do you think it is due to, primarily? Is it a question of there not being enough nurses? Is your recruiting program going on at the present time? Are you still endeavoring to recruit these nurses into the corps?

Admiral SWANSON. We are still trying to recruit, sir. I believe that the shortage is due to the fact that the nurses are afraid that they will revert to the old pay scale upon the termination of the war and 6 months thereafter, which ranges from \$1,080 to \$1,800 per year, sir.

Mr. DURHAM. You think that is the primary thing, then, that is keeping them out of the Nurse Corps?

Admiral SWANSON. That is correct, sir.

Mr. DURHAM. Now, as to your request for six per thousand, I am not entirely familiar with the number of nurses in the entire United States, but how does that compare with the civilian requirements at the present time, or the civilian status of nurses per thousand at the present time?

Admiral SWANSON. I can better answer it by saying that in a civilian hospital they try to achieve one nurse for a ratio of three and a half beds.

Mr. DURHAM. I would like to go a little bit further than that. Of course, they try to achieve that, but I am asking you the question

if you are familiar with the number at the present time that is available for the civilian personnel in the hospitals throughout the country.

I know in my section we have a great difficulty at the present time in securing nurses. Mrs. Bolton probably could answer this question better, if she was permitted.

Captain DeWitt. I think the reason the civilian hospitals are having trouble staffing their hospitals is on account of poor working conditions.

Mr. BATES. You will have to speak a little louder.

Mrs. SMITH. Captain DeWitt, will you speak just a little louder?

Captain DeWitt. I think the reason the civilian hospitals are having difficulty in staffing their hospitals is because of the poor working conditions and salaries of the nurses.

Many nurses from the Navy did not return to nursing. They are taking up other types of work.

Mr. BATES. May I interpose at this point?

Mr. DURHAM. Go ahead.

Mr. BATES. Dr. Frank Leahy of the Leahy Clinic in Boston attributes the shortage of nurses to the high standards acquired, and in a very lengthy statement he made to, I believe, a group of members of the Medical Association in Boston a short while ago, he feels that a girl with 2 years of high school and a background and intelligence could make a competent nurse.

At the present time the standards, as you know, are very high in the civilian hospitals. Not only a high school education is required, but they go even beyond that.

I am somewhat in accord with what Dr. Leahy says in that regard.

Mrs. SMITH. Mr. Durham, would you like to ask that question of Mrs. Bolton?

Mr. DURHAM. I will ask it later.

Mrs. SMITH. Very well.

Mr. DURHAM. Of course, I don't want to lower the educational standards in any of these professions.

We have schools and colleges for training nurses throughout the country, and I for one want to maintain that, if possible. Of course, we realize we put you in kind of a competitive field when we passed this Veterans' Hospital Corps bill last year. We all realized what was going to happen, but we were desperate, and we had to do something for the wounded men who were in our Veterans' hospitals.

Now, I am rather familiar with the Army bill which has been worked out. I am not entirely familiar with your bill here.

It looks to me like it is possible for us to get together, Madam Chairman, and try to work out some relationship which is fair to both services.

I, for one, hope we can do that.

Thank you very much.

Mrs. SMITH. Mr. Gavin, have you any questions?

Mr. GAVIN. I have no questions. Thank you.

Mrs. SMITH. Mr. Philbin? Do you have any questions?

Mr. PHILBIN. Admiral, could you give us the total number of patients presently hospitalized in naval hospitals?

Admiral SWANSON. About 22,500 now, sir. For the fiscal year 1948, we estimate 18,500, sir.

Mr. PHILBIN. Is that in addition to the treatment of personnel at the various dispensaries?

Admiral SWANSON. Yes, sir.

Mr. PHILBIN. I wonder if it would be possible for you to provide, for the record, a break-down of the number of nurses, and patients at the various hospitals, and also the case load at your dispensaries?

Admiral SWANSON. Yes, sir. The information requested is contained on tables attached to page 30 (tables A and B).

Mr. PHILBIN. That is all.

Mrs. SMITH. Mr. Winstead?

Mr. WINSTEAD. No questions.

Mrs. SMITH. Are there any other questions that any of the members of the committee want to ask before I call upon the chairman, Mr. Andrews?

Mr. BATES. Madam Chairman, one question.

Mrs. SMITH. Mr. Bates.

Mr. BATES. Admiral, one question that has disturbed me over a long period of time, regarding the nursing corps, is that we are getting away from what we call the single woman administration of the Nurse Corps.

I believe, some few years ago, prior to the war, we had a Navy regulation that when a Navy nurse got married she would have to move out of the service. Am I correct in that?

Captain DEWITT. Yes, sir.

Admiral SWANSON. That has been the policy, sir.

Mr. BATES. Now we are embarking on a program where married women are being retained in the service. They are subject to transfer all over the world. If they have a family or dependents, it is going to present quite a problem to the Navy. Of course, we may not be able to do anything about that until we get an adequate supply of nurses.

I think we are embarking on a program that is going to cause some trouble, by recognizing the married status of a woman and her dependents. I don't know just where that is going to lead us.

Admiral SWANSON. We could make it a policy, sir, not to take, let us say, married nurses during peacetime.

Mr. BATES. You could?

Admiral SWANSON. We could make that a policy.

Mr. BATES. That is all right. I think that would be—that would obviate a bad situation. I could see that would probably develop as a result of dependents.

Thank you.

Mrs. SMITH. Mr. Chairman, have you any questions?

Chairman ANDREWS. Lady Smith, I think Mr. Vinson will have some questions; at least, I hope he will.

There is one question I would like to bring out and get your ideas on.

Admiral, I assume, in the Medical Corps, you are closely in touch with the civilian field in this connection. I mean, as to the load of potential nurses in the country, at the larger hospitals, the medical associations, and so forth.

What do you think is the attitude, or do you know the attitude of the civilian authorities, hospital-wise, and otherwise, on this proposed bill?

Admiral SWANSON. Our Chief Nurse, Miss DeWitt, has been in contact with the civilian nursing, sir, and —

Chairman ANDREWS. May I ask right here, what is your contact with the civilian field on the potential nurse load?

Admiral SWANSON. Well, up to now, sir, I have had no contact.

Chairman ANDREWS. What?

Admiral SWANSON. Up to this point I have had no contact, because I have been in this office but a few weeks.

Chairman ANDREWS. You have been in this office what?

Admiral SWANSON. Just a few weeks, sir, as Surgeon General.

Chairman ANDREWS. But through associations, do you attend any of the conventions of the American Medical Association?

Admiral SWANSON. Oh, yes, sir, I attend most of those conventions.

Chairman ANDREWS. What do you, yourself, think is the attitude of the professional field, the hospitals, that was touched upon by Mr. Bates and Mr. Durham? What do you think the attitude is generally among civilians on the adoption of this bill?

Admiral SWANSON. I think civilian nursing is for the adoption of this bill.

Chairman ANDREWS. What would you say is the attitude of hospital superintendents, generally?

Admiral SWANSON. It is my impression that they would be for this bill, too, sir.

Chairman ANDREWS. I have no further questions.

Mrs. SMITH. Mr. Vinson, have you any questions?

Mr. VINSON. Madam Chairman.

It was stated in your presentation of the bill and your general statement that a similar bill relating to the Army had been introduced by Mrs. Bolton, H. R. 1673.

My understanding is that that is a departmental bill, has gone through budget, and has been transmitted to the Speaker.

I want to thank the Chairman for having requested Mrs. Bolton, in view of her deep interest in hospitalization, to introduce the bill.

Now, I draw the conclusion that there is not much difference between that bill and this present bill. Both of them are departmental bills.

However, there is serious doubt in my mind as to whether or not these two bills can be merged into one bill, because it will have to be administered, if you did that, by one single head. You couldn't have a pool in the Navy and a pool in the Army, with it being administered in the Navy by the Bureau of Medicine and Surgery and by the Medical Department of the Army.

So, I am hoping that each bill will be considered as submitted by the Department and be acted on by the committee as separate legislation, until there has been legislation dealing in an over-all way with the Medical Department and the Bureau of Medicine and Surgery.

Now, Admiral, the purpose of this bill is to perpetuate the benefits of the Nurse Corps that were created by the act of 1942, as far as pay and allowances are concerned.

Admiral SWANSON. That is correct, sir.

Mr. VINSON. That is the whole objective of the bill?

Admiral SWANSON. That is correct.

Mr. VINSON. The genesis of this bill is based upon pay and rank.

Admiral SWANSON. That is correct.

Mr. VINSON. And not based upon efficiency of organization.

Admiral SWANSON. Well, it is based also on efficiency of organization.

Mr. VINSON. You think that efficiency of organization necessarily relates, then, to pay?

Admiral SWANSON. That is correct, sir.

Mr. VINSON. Now, what is the status of the Nurse Corps now? It is created by statute; isn't it? I am speaking of the Navy Nurse Corps.

Admiral SWANSON. The act of 1908.

Mr. VINSON. That is right, the act of 1908 established a Nurse Corps in the Navy and gave certain benefits and certain pay and perquisites to that organization?

Admiral SWANSON. Yes, sir.

Mr. VINSON. It was placed under the Bureau of Medicine and Surgery of the Navy, was it not?

Admiral SWANSON. That is correct.

Mr. VINSON. And it has remained until now, when you ask that there be created a separate corps in the Bureau of Medicine and Surgery, is that correct?

Admiral SWANSON. Separate corps in the Navy, in the over-all Navy.

Mr. VINSON. Well, won't it be under the Bureau of Medicine and Surgery?

Admiral SWANSON. Yes, sir.

Mr. VINSON. It will have the same status as the Dental Corps, will it not, under the Bureau of Medicine and Surgery?

Admiral SWANSON. That is correct.

Mr. VINSON. It will be known as a staff corps?

Admiral SWANSON. That is correct.

Mr. VINSON. And all the promotions will be based upon running mates, like all staff officers have with line officers?

Admiral SWANSON. That is correct.

Mr. VINSON. And all of them will be permanently commissioned in the Regular Navy?

Admiral SWANSON. That is correct, sir.

Mr. VINSON. That is the objective of it, to give permanent status to the Nurse Corps?

Admiral SWANSON. That is correct, sir.

Mr. VINSON. Now, your strength is based upon the actual number of personnel in the Navy?

Admiral SWANSON. And the Marine Corps.

Mr. VINSON. When I use the word "Navy," I mean also the Marine Corps.

Admiral SWANSON. Yes, sir.

Mr. VINSON. It will be based upon it actually, that is, the actual number of personnel.

Admiral SWANSON. Yes, sir.

Mr. VINSON. And not upon the authorized enlisted strength?

Admiral SWANSON. That is correct.

Mr. VINSON. All right.

Now, how do you base the number of officers in the lower ranks? They all come in an ensign, do they?

Admiral SWANSON. As ensigns in the Nurse Corps, yes, sir.

Mr. VINSON. How do you recruit an ensign for the Nurse Corps now, and how will you recruit an ensign when it becomes a staff corps?

Admiral SWANSON. The same; we recruit them from nurses who are already registered or graduates of reputable schools of nursing.

Mr. VINSON. What is the age limit for recruitment?

Admiral SWANSON. Twenty-two to thirty.

Mr. VINSON. Now, what professional qualifications do you require?

Admiral SWANSON. When the corps will be established, they will have to pass a physical examination and they will have to pass a professional written examination.

Mr. VINSON. Now, is that based upon their training in hospitals and colleges?

Admiral SWANSON. That is correct, sir.

Mr. VINSON. If you wanted to get 500 ensigns into the Nurse Corps, how would you go out and recruit them?

Admiral SWANSON. Through the Naval Office of Procurement, and also we have nurses that make contact in the various cities and the various nursing schools.

Mr. VINSON. Then——

Admiral SWANSON. And by advertising.

Mr. VINSON. You take registered nurses that are probably in civilian life?

Admiral SWANSON. That is correct.

Mr. VINSON. Is that it?

Admiral SWANSON. That is correct.

Mr. VINSON. They have already been licensed by the various States?

Admiral SWANSON. Yes, sir.

Mr. VINSON. And then you try to offer them an inducement to come into the Naval Nurse Corps; is that correct?

Captain DeWITT. Yes, sir.

Admiral SWANSON. That is correct, sir.

Mr. VINSON. And all of them start in with the rank of ensign?

Admiral SWANSON. That is correct.

Mr. VINSON. Now, what is the pay of ensign, for the rank of ensign?

Mr. BATES. \$1,800; isn't it?

Admiral SWANSON. \$180 a month, sir.

Mr. VINSON. Plus his other allowances, and things?

Admiral SWANSON. That is correct.

Mr. VINSON. Making a total pay of around \$2,200; isn't that right?

Mr. BATES. Isn't the base pay \$1,800?

Admiral SWANSON. The base pay is \$2,160, plus allowances.

Mr. RIVERS. Mr. Vinson——

Mr. VINSON. Let me get through. I won't be here very long.

All right, how long a period of time does she stay in the grade of ensign?

Admiral SWANSON. The same as a line officer.

Mr. VINSON. The same as a line officer?

Admiral SWANSON. That is correct.

Mr. VINSON. Then, as a line officer, he is on probation, he has a probationary period for 7 years with the rank of ensign. Does that apply in the Nurse Corps now? All of them are going to have permanent status.

Admiral SWANSON. The same regulations which apply to all personnel——

Mr. VINSON. Put it this way: All the laws relating to the line of the Navy will relate to the staff corps of nurses, is that correct?

Admiral SWANSON. That is correct, sir.

Mr. VINSON. Every one of them?

Admiral SWANSON. Yes.

Mr. VINSON. And then he will have to be in the grade of ensign for a probationary period of from 3 to 7 years, and then as a junior lieutenant for a 4-year period, before he will go up to a lieutenant?

Admiral SWANSON. Usually 3 years are spent as ensign and 4 years as lieutenant, junior grade, making a total of 7 years in the two grades.

Mr. VINSON. All that applies?

Admiral SWANSON. Yes, sir.

Mr. VINSON. The same thing?

Admiral SWANSON. Yes, sir.

Mr. VINSON. And then the principle of running mates applies?

Admiral SWANSON. That is correct.

Mr. VINSON. The only difference is in the question of retirement?

Admiral SWANSON. That is correct.

Mr. VINSON. And there I think you are wise. I think retirement at 62 is entirely too long.

The only thought running through my mind there was that probably 50 was a little bit too long. They ought to retire a little bit under 50, because nursing is a very taxing job and requires a great deal of patience on the part of the person, and oftentimes when we reach 50 we haven't the patience we should have.

Mr. BATES. May I suggest that the former chairman of the Naval Affairs Committee himself has done very effective work during the last 15 years. I think he is 65 now.

Mr. VINSON. Yes—well, I am not nursing, except to about half of my time. [Laughter.]

That diverted me from what I had in mind.

One director will have the rank of a captain?

Admiral SWANSON. That is correct, sir.

Mr. VINSON. And you will have five commanders?

Admiral SWANSON. That is correct.

Mr. VINSON. And you are proposing now to have 15 commanders?

Admiral SWANSON. One commander for each naval district.

Mr. VINSON. That is right; 15.

Admiral SWANSON. Yes, sir.

Mr. VINSON. And the balance of them will be lieutenants and ensigns?

Admiral SWANSON. Ensigns, lieutenants, junior grade, lieutenants, and lieutenant commanders.

Mr. VINSON. That is right. And that constitutes the staff corps?

Admiral SWANSON. That is correct.

Mr. VINSON. Now, you say under the present actual enlistment of about four-hundred-and-some-odd thousand, or 500,000, you will have how many? What will be your strength?

Admiral SWANSON. With the——

Mr. VINSON. The authorized enlisted strength is 500,000 now. The actual enlisted strength on which this is based is about four-hundred-thousand-and-some-odd, plus 100,000 marines. That will give you about 600,000 men.

Admiral SWANSON. The exact figure for the estimated strength next year is 582,904.

Mr. VINSON. Is what?

Admiral SWANSON. The estimated strength of the Navy for the next fiscal year, 1948, that is, Navy and Marine Corps officers and enlisted men, is 582,904.

Mr. VINSON. All right. You are going to base it on six nurses to every thousand?

Admiral SWANSON. Yes.

Mr. VINSON. And you have got five-hundred-and-eighty-odd thousand men in service?

Admiral SWANSON. Yes.

Mr. VINSON. How many will that give you?

Admiral SWANSON. 3,428.

Mr. VINSON. 3,428?

Admiral SWANSON. Yes, sir.

Mr. VINSON. That is what you will start off on.

Admiral SWANSON. We hope to.

Mr. VINSON. What are you going to do with the present Nurse Corps? Will that be merely transferred into the Staff Corps?

Admiral SWANSON. Transferred into the Staff Corps.

Mr. VINSON. And all the ratings they have now will be automatically transferred into it?

Admiral SWANSON. Yes, sir.

Mr. VINSON. Now, with reference to your Reserves, how do you propose to build up a Nurse Corps Reserve? How are you going to build that up? I am talking about the Reserve Corps.

Admiral SWANSON. We will build that up the same as we built up the Reserve Corps in the Medical Department and the Dental Department, in the same manner.

TABLE D

BUMED-343-RR.

(OC).

16 December 1946.

Reference:

To: Chief of Naval Personnel.

Attention: Pers. 2213.

Subject: Navy budget estimates for fiscal year 1948 for Nurse Corps, USN Revised.

1. Distribution of Nurse Corps in rank based on the strength of the Navy and Marine Corps.

Actual number and percentage

Rank	Percentage	June 30, 1947	Dec. 31, 1947	June 30, 1948
Captain.....	.00038	1	1	.1
Commander.....	.0015	4	4	4
Lieutenant commander.....	25.	571	571	571
Lieutenant.....	26.	594	594	594
Lieutenant (junior grade).....	24.85	568	568	568
Ensign.....	24.	548	548	548
Total.....		2,286	2,286	2,286

NOTE.—Total average number of nurses, 2,286, is derived from an estimated monthly census for the fiscal year of 1948 as stated above.

Actual number and percentage—Continued

Rank	Average percentage	Average number
Captain.....	.00038	1
Commander.....	.0015	4
Lieutenant commander.....	25.	571
Lieutenant.....	26.	594
Lieutenant (junior grade).....	24.85	568
Ensign.....	24.	548
Total.....		2,286

By direction of the Chief, BuMed:

M. D. WILL CUTTS,
Rear Admiral (MC) USN.

To: Chief of Naval Personnel.

Attention: Pers 2213.

Subject: Navy Nurse Corps budget 1948,, pay, subsistence, rental and uniforms.

Revised.

P. 7. Nurses active.

A. Day.

Rank	Pay grade	Number	Rate	Amount
Captain.....	6 (over 24 years).....	1	\$6,160.00	\$6,160
Commander.....	5 (over 24 years).....	4	5,390.00	21,560
Lieutenant commander.....	do.....	4	5,390.00	21,560
Do.....	5 (over 23 years).....	10	5,197.50	51,975
Do.....	5 (over 21 years).....	20	4,455.00	89,100
Do.....	5 (over 18 years).....	38	4,290.00	163,020
Do.....	4 (over 15 years).....	10	4,125.00	41,250
Do.....	4 (over 12 years).....	28	3,960.00	110,880
Do.....	4 (over 9 years).....	45	3,795.00	170,775
Do.....	4 (over 6 years).....	416	3,630.00	1,510,080
Lieutenant.....	3 (over 6 years).....	291	3,036.00	883,476
Do.....	3 (over 3 years).....	303	2,898.00	678,094
Lieutenant (junior grade).....	2 (over 3 years).....	568	2,520.00	1,431,360
Ensign.....	1 (less than 3 years).....	548	2,160.00	1,183,680
Total.....		2,286		6,552,970
Average.....		2,236	2,870.94	

NOTE.—Added, 10 percent for sea and foreign duty.

Rank	Number	Rate	Amount
Lieutenant commander.....	54	\$330	\$17,820
Lieutenant.....	108	276	29,808
Lieutenant commander (junior grade).....	84	240	20,160
Ensign.....	20	216	4,320
Total.....	266		72,108
Nurses on duty with MATS.....	50	720	36,000
Total P 7 (A).....			6,671,078

BUMED-343-RR (OG)

16 December 1946

To: Chief of Naval Personnel

Subject: Navy Nurse Corps Budget 1948: Pay, subsistence, rental, and uniforms.
Revised.**P 7 (B). Rental allowance.**

Twenty-six percent of 2,286 on rental, 994. Two hundred and seventy of whom will have dependents.

Pay period	With dependents	Rate	Without dependents	Rate	Amount
6 and 5.....			2	\$1,260	\$2,520
1.....	100	\$1,260			126,000
4.....			90	1,080	97,200
3.....	94	1,080			101,520
3.....			97	900	87,300
2.....	50	900			45,000
2.....			100	720	72,000
1.....	26	720			18,720
1.....			35	540	18,900
Total P 7 (B).....					569,160

Average rental number, 594. Rate, \$958.18.

P 7 (C). Subsistence, 366 days.

	Pay period	Number	Rate	Amount
With dependents.....	4.....	100	\$768.60	\$76,860.00
Without dependents.....	3, 2, and 1.....	170	512.40	87,108.00
		2,016	256.20	516,499.20
Total P 7 (C).....				680,467.20

P 7 (D). Uniform allowance.

Attrition, 25 percent or 572. (Attrition includes separations from the service by marriage, resignation, revocation, retirement, etc.)

	Number	Rate	Amount
(1) Initial outfits.....	572	\$175	\$100,100
(2) Outdoor outfits.....	572	225	128,700
Total P 7 (D).....		400	228,800

P 8. Retired nurses.

End 1946.....	363	Amount.....	\$1,076,005.35
End 1947.....	480	Fiscal year 1946:	
End 1948.....	578	Deaths in retire-	
Average.....	529	ment.....	3
Average rate.....	\$2,034.15	Retirements.....	75

By direction of the Chief, BuMed:

M. D. WILLCUTTS,
Rear Admiral (MC) USN.

Mr. VINSON. On the same principle?

Admiral SWANSON. On the same pattern or principle.

Mr. VINSON. That is all.

Mrs. SMITH. Mr. Farrington?

Mr. FARRINGTON. No questions, Madam Chairman.

Chairman ANDREWS. Lady Smith, apropos of Mr. Vinson's question, I would like to ask the admiral one question.

Mrs. SMITH. Yes, sir.

Chairman ANDREWS. In fact, it is a request for some figures. I have made a list of them here.

I am particularly interested in the load from the standpoint of the Navy, the load from the standpoint of the Army, and the effect of that load upon the civilian field, which is a very important thing, as you know.

I think it will be interesting to the layman, like myself and all members of the House, if at this point you would put in the record—and I am going to ask the Army to do similarly on this request—a statement showing the total number of naval medical installations.

Admiral SWANSON. Yes, sir.

(Information requested is contained in tables on page 30, tables A and B.)

Chairman ANDREWS. With the adoption of this bill and under present law.

Admiral SWANSON. Yes, sir.

Chairman ANDREWS. The total number of officers and grades in your medical establishment.

Admiral SWANSON. Yes, sir.

Chairman ANDREWS. The total number of nurses, that is, in enlisted grades in the medical establishment.

Admiral SWANSON. Yes, sir. The enlisted Hospital Corps are listed on table A. There are no enlisted nurses.

Chairman ANDREWS. The strength of the complete naval load.

Admiral SWANSON. Yes, sir.

Chairman ANDREWS. That is, of the Navy and the Marine Corps.

Admiral SWANSON. Yes, sir.

(Information requested is contained in tables on p. 30, tables A and B and C.)

Chairman ANDREWS. The percentages and the break-down by districts.

Admiral SWANSON. Yes, sir.

(The patient load in naval hospitals and dispensaries is shown in the statement on p. 30, tables A and B.)

Chairman ANDREWS. I think that will be very interesting, matching that against the Army on their load, and seeing where you come out.

Admiral SWANSON. Yes, sir.

Mr. BATES. Madam Chairman, one concluding question—are you through?

Mrs. SMITH. Mr. Andrews, are you finished?

Chairman ANDREWS. I am all through.

Mrs. SMITH. Mr. Bates.

Mr. BATES. Admiral, I do hope that you and the Nurse Corps will give the most careful consideration to the establishment of a hospital corps in the enlisted ranks in the Bureau of Medicine and Surgery for the purpose of training nurses in hospitals situated on the mainland,

exactly the same kind of program as now carried on by the private hospitals throughout the country.

The thought that I have in mind is the words of your predecessor when he appeared before the committee asking that we authorize the sending of Waves, say, into Hawaii, where we needed so many nurses. You will recall he stated at that time that he needed about 5,000 nurses.

Now, we have developed down through the last 4 or 5 years a group of Hospital Corps men Waves, who, no doubt, are just anxious and willing to continue on the work in the Hospital Corps, and it seems to me there can be no reason in the world why we cannot enlist a hospital corps made up entirely of girls—not Waves—as part of the hospital corps, training them in the hospitals on the mainland, and keeping them on the mainland even though it may be the same hospital for their entire, shall we call, internship, or during the process of their training as nurses, and from that point on let them go up through the ranks.

It seems to me we are throwing away a wonderful opportunity to get a great number of young girls who are of excellent character and who rendered fine service during the whole war period, and we are not taking it.

We ought to give serious consideration to it.

Mr. RIVERS. Madam Chairman——

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. What is the cost under this bill over the present cost? \$3,000,000?

Mr. RIVERS. \$3,882,000, it says here.

Admiral SWANSON. Yes, sir.

Mr. VINSON. That is based on the pay in peacetime?

Admiral SWANSON. That is based on a strength of 500,000.

Mr. VINSON. Five hundred thousand?

Admiral SWANSON. That is right.

Mr. VINSON. And is it based on the peacetime salary, or based upon the present salary?

Admiral SWANSON. Based on the peacetime salary.

Mr. VINSON. All right.

Then, as a matter of fact, there is no increase because we are establishing a new organization based on the pay they now get?

Mr. BATES. That is right.

Admiral SWANSON. The only increase would be an increase in the number.

Mr. VINSON. All right.

Mr. RIVERS. May I ask a question, Madam Chairman?

Mrs. SMITH. Mr. Rivers.

Mr. RIVERS. Admiral, on Mr. Vinson's questioning, I understood you to say that you went out to these States and recruited registered nurses. That is registered and graduate?

Admiral SWANSON. That is correct.

Mr. RIVERS. And either one of them, too, isn't that correct, the commission is contingent on either one or the other, but not both?

Admiral SWANSON. They must be graduate and registered.

Mr. RIVERS. Both graduate and registered?

Admiral SWANSON. Yes, sir.

Mr. DURHAM. Madam Chairman—

Mrs. SMITH. Mr. Durham.

Mr. DURHAM. Admiral, what is the hour requirement for nursing at the present time? How many hours do they stay on duty? Your nurses stay on duty how many hours now?

Admiral SWANSON. Eight hours a day.

Mr. DURHAM. Eight hours a day?

Admiral SWANSON. They usually have 1 day off about every 3 weeks—is that correct?

Captain DeWITT. That is right.

Admiral SWANSON. One day off in about every 3 weeks. That is on account of our shortage.

Mr. DURHAM. I believe the civilian standard is 7 hours a day. Does that compare with the civilian status?

Captain DeWITT. If we had 1 day off a week, it would.

Mr. DURHAM. And what are the civilian nurses getting at the present time per day?

Captain DeWITT. Their salaries vary from around \$175 to \$225.

Mr. DURHAM. I mean putting it on a straight daily basis. Most nurses are hired on a daily basis, say, for 30 days, or for the period of sickness, of course, where they do civilian nursing outside of the hospital.

Admiral SWANSON. I can give you a figure as to Seattle. If they are hired on a monthly basis, they get \$225 a month. If they have any specialties, such as being a dietitian, they get \$265 a month.

Mr. DURHAM. Madam Chairman, I think some figures should go into the record on a comparative basis, so we can arrive at some conclusion as to a fair representative figure.

I understand the admiral is prepared to place them in the record.

Admiral SWANSON. I am prepared to place those figures in the record as representing Washington State.

Mr. DURHAM. How about some other States? Couldn't you get the records probably from other States?

Admiral SWANSON. Yes.

Mr. DURHAM. At least to give us a fair representative figure.

Admiral SWANSON. Yes, sir.

(The table referred to is as follows:)

Beginning salaries for general staff-duty nurses in hospitals in various sections of the country—beginning salaries for day duty (additional rates are paid for evening and night and private duty):

New England area: Massachusetts	\$175 per month (44-hour week).
Middle Atlantic:	
New York	\$200 per month (40-hour week).
New Jersey	\$198 per month (40-hour week).
East North Central: Illinois	\$200 per month (40 to 44-hour week).
East South Central: Kentucky	\$180 per month (40-hour week aim).
West North Central:	
Iowa (no overhead)	\$175 per month.
Nebraska	Do.
Kansas	\$165 per month.
Mountain: Colorado	\$200 per month.
Pacific:	
Washington	\$200 per month (40-hour week).
California	Do.
South Atlantic: District of Columbia	Do.
Alaska	\$225 per month.
Hawaii	\$238 per month.

Nursing salaries are all in the process of being set at higher rates. The above figures are the latest ones available from the American Nurses' Association. Weekly hours are stated only in those cases in which we are certain they have been set as stated. All of the States are aiming at 40-hour weeks.

Mrs. SMITH. Mr. Farrington, did you have any questions?

Mr. FARRINGTON. No questions, Madam Chairman.

Mrs. SMITH. Are there any other questions from members of the committee?

(No response.)

Mrs. SMITH. Mr. Smart, do you think of any questions that the members have left open?

Mr. SMART. I can't think of any.

Mrs. SMITH. Thank you, Admiral Swanson.

Captain DeWitt, do you have a statement to make?

Captain DEWITT. No; I haven't. I think Admiral Swanson has covered things very well.

Mrs. SMITH. For the record, I would like to ask what you believe the Nurse Corps hopes to gain, other than pay, in this bill?

Captain DEWITT. We hope to establish as good working conditions as are presented to nurses on the outside.

We hope that we can offer civilian nurses just as attractive working conditions as she would meet on the outside.

Mrs. SMITH. How do you feel about the difference between the figures of four and six per thousand?

Captain DEWITT. I think we definitely need the increase.

It was very hard for us to estimate just how many nurses we would need, because prior to World War II we did not care for dependents in all hospitals.

Mrs. SMITH. You heard my questioning about the retirement ages of 50 and 55. What would be your feeling about extending the age to 62, with the 20-year retirement privileges, under this bill?

Captain DEWITT. I think a great deal of it would depend upon the physical condition of the nurse. Some nurses at 50 are able to do a great deal more than some nurses of 45, but I think 50 is a good average age, and it would give them, if they desired to get out and lead their own life, a few years in which to do that.

However, many nurses are able to carry on to 58, we have found in the past.

It does give us a more elastic corps, and we do get more ideas from the older nurses than from new graduates that would be placed in.

Mrs. SMITH. You have heard the discussion about the use of the Waves. Do you have any observations regarding the use of Waves as corpsmen, rather than enlisted personnel in the Nurse Corps?

Captain DEWITT. I think the WAVES did a very fine job during the war, and there is a place for some nonprofessional women in the Nurse Corps. It would seem that there are many duties that can easily be allotted to them.

In civilian hospitals, nurses aides are used: There are many duties that do not require any particular skill, but they do require a woman to do them, especially with the increase in dependents.

Mrs. SMITH. Would the morale be better and discipline easier if you didn't mix the two, that is, Waves and nurses?

Captain DEWITT. I feel that in matters of supervision, anyone that does nursing, whether it be a civilian or an enlisted Wave, should be under the supervision of the nurse in the ward, but it has never created any problem in the Navy Nurse Corps because the Waves were under that jurisdiction.

Mrs. SMITH. The Waves were under the jurisdiction of the Nurse Corps?

Captain DEWITT. Yes, when they were in the ward. Whether it is the male Hospital Corpsmen, or female, when they were in the ward they were assigned to the ward, and the nurses are considered in charge of the ward, as far as nursing goes. Of course, she takes her orders from the medical officer of the ward, and he, in turn, of course, from the commanding officer, and so on, but she assigns them as to the type of work they will do, and she checks on the work that they are supposed to do. She checks on the treatment, and all types of work that they do. They are directly, as far as their work, under the nurse when they are assigned to a ward.

Mrs. SMITH. The jurisdiction, then, of the corpsmen comes entirely under the nurse in charge?

Captain DEWITT. Yes, ma'am.

Mrs. SMITH. Will the Army and Navy nurse draw the same pay?

Captain DEWITT. Yes, madam.

Mrs. SMITH. Under these proposed bills?

Captain DEWITT. They will.

Mrs. SMITH. What is the difference in the cost of the Navy and Army nurse, do you know?

Captain DEWITT. The salaries are the same. The second lieutenant and the ensign in the Navy receive exactly the same salary. There is no difference whatsoever. The same thing is true on up. A director with the same number of years' service receives exactly the same pay in either service.

Mrs. SMITH. In the end, there is no difference?

Captain DEWITT. There is no difference, according to the ranks. Each nurse receives exactly the same.

Mrs. SMITH. Mr. Rivers, do you have any questions?

Mr. RIVERS. No.

Mr. VINSON. I would like to propound a question.

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. Madam Chairman, in view of an inquiry you made as to the relationship, with reference to the harmonious relationships existing between the Waves as corpsmen and the Nurse Corps.

Am I justified in drawing the conclusion that there is discord among the women's organization of the Nurse Corps in the Marines and the Waves?

I thought all of them lived in unity.

Mrs. SMITH. As far as the chairman knows, they do live in unity. But they want to continue that way, don't they?

Mr. VINSON. Then you better keep them separate. [Laughter.]

Mrs. SMITH. Mr. Bates.

Mr. BATES. Miss DeWitt, other than the question of shore duty for Hospital Corps men who have been at sea for a long period of time, is there any reason in your mind why we should not establish within the Hospital Corps enlisted personnel to be trained in our service hospitals on the mainland?

Captain DEWITT. Well, we do now have a training school for our Hospital Corps men. In fact, we have three training schools now.

Mr. BATES. Those are Waves?

Captain DEWITT. At the present time only male corpsmen are under instruction in these schools.

Mr. BATES. Yes, but we haven't any provisions in law by which we can recruit or enlist girls for Hospital Corps men.

Captain DEWITT. No, sir, we do not.

Mr. BATES. That is the point I am discussing. Is there any reason in your opinion, other than the fact that these Hospital Corps men, that is, girls, will be occupying shore station duties, which otherwise would be going, say, to Hospital Corps men who are men, after long periods of time at sea, why we should not establish women Hospital Corps men?

Captain DEWITT. I think we should train them as Hospital Corps women, not as nurses, because we cannot really meet the standards unless we were to set up a new legislation, and we would also have to meet many qualifications that we are not prepared to do at this time.

Mr. BATES. Well, the question I want to propound is this: We have certain standards now for girls to take training in our private hospitals back home.

Captain DEWITT. Yes, sir.

Mr. BATES. As I stated to you, Dr. Leahy said the standard is altogether too high, but considering that the level, that is, the standard is all right today, with a high school education and perhaps what other requirements may be necessary that many Waves, probably many, many hundreds of Waves now serving as Hospital Corps men already have, what is the reason, other than the fact that they may be occupying shore duties to which a serviceman may be entitled to, why we should not permit those girls to join the Hospital Corps as enlisted personnel?

Captain DEWITT. There is no objection.

Mr. BATES. Then you would have no objection to inserting that in the bill, to make enlisted personnel, under standards that the Navy would establish, permissible to train as nurses?

Captain DEWITT. No, sir, I do not think they should train as nurses. I think they should train as Hospital Corps women, if you want to say that. I do not think they should train as nurses.

Mr. BATES. Well, if they are performing duties as trainees—under the training system now, you have cadets, I believe that is what they are called. Isn't there a place that we could use them in our great naval hospitals on the mainland today? Aren't we using them as Waves? Why can't they go up the ladder, if they have competence and ability and meet the standards of performance, and all the requirements that a trained girl receives in the hospital back home?

Captain DEWITT. They should have registration, and we would have to work some time before we would be able to set up a training school that would satisfy the State registration.

I think it is possible that we could train them as corps Waves, or if we wanted to call them attendants, or something of that order. I think the course we give takes care very well of the work that they are required to do.

Mr. BATES. Well, let us assume that I have a daughter that wants to be a nurse in a hospital back home. She has all the qualifications

and meets the standards required for training in that hospital. But she is a Wave, let us assume, and she would rather go into a naval hospital and train to become a nurse, instead of going back home and entering a private hospital to become a nurse. She has already had, say, 2 or 3 years' experience as a Wave Hospital Corps man.

Now, what is the reason—I am trying to find out—why we do not give that girl a chance, where we have such a great need of nurses potentially, as well as actually?

Captain DEWITT. We do not have the present set-up, and the Navy feels that it is very beneficial for nurses to come in from different training schools and bring in new ideas.

Mr. BATES. You could still have that. In addition, you would have this added increment every year coming from your own training schools.

Other than the fact that they are taking up shore duty, I just can't see why we do not give those girls a chance. I just can't see it, for the life of me. That is all.

Mrs. SMITH. Mr. Durham.

Mr. DURHAM. Carrying that question just a little bit further, your training program of these Hospital Corps men, just how far can they advance under the present system? Do they ever attain any rank beyond, just say, a warrant officer? Can they go beyond that?

Captain DEWITT. Our male Hospital Corps men have. The women have not been in long enough to go beyond chief.

Mr. DURHAM. I am speaking of the men.

Captain DEWITT. The men have; yes.

Mr. DURHAM. How far can they advance?

Captain DEWITT. They have gone up to chief warrant officer.

Mr. DURHAM. That is as high as they can advance?

Captain DEWITT. Some have advanced to the temporary rank of commander in the Hospital Corps.

Mr. RIVERS. Let us get that training answered definitely. What happens there? How high can they go? I didn't get that.

Captain DEWITT. An enlisted man that comes in as hospital apprentice can advance to the temporary rank of commander as provided by wartime legislation but they cannot advance beyond the permanent rank of chief pharmacist.

Mr. RIVERS. Commander?

Captain DEWITT. In the Hospital Corps.

Mr. DURHAM. After how many years of service? I suppose that depends on his ability to learn?

Mr. RIVERS. It depends on how long he lives. [Laughter.]

Mr. DURHAM. There is no limit on what he can do, if he has the ability?

Captain DEWITT. That is right. It is judged by their ability, rather than by their years of service.

Mr. VINSON. Madam Chairman, I think we have all the testimony we need from the Navy Department. Why not sit down tomorrow and take up Mrs. Bolton's bill and consider the bill, and then read both of them section by section. It may be feasible to merge them together, but I doubt it. Nevertheless, we can look at them from that viewpoint, if that is desired.

I think both of them should be presented to the House as separate measures, because I know the Army has got to have more permanent

officers than the Navy inasmuch as they have a larger establishment. For instance, I imagine the Army would have to have about 25 or 40 captains, and some colonels—but we can take them up.

Mrs. SMITH. Thank you, Mr. Vinson. I just want to finish the questioning.

Mr. Anderson, do you have any questions?

Mr. ANDERSON. No.

Mrs. SMITH. Mr. Gavin?

Mr. GAVIN. Madam Chairman, we have our distinguished colleague, Mrs. Bolton, here this morning, who is quite familiar with this subject they were just discussing, and I would suggest that she be given an opportunity to express her opinions on that very important matter, if you have the time available.

Mrs. SMITH. Mrs. Bolton, do you wish to make a further statement?

Mrs. BOLTON. I would be very glad to try to make something clear here which I think is confused in the minds of the average layman and in the minds of a great many doctors.

I have the greatest admiration and respect for Dr. Leahy, but I have, shall I say, contended with Dr. Leahy's point of view for a good many years, not always expressed by Dr. Leahy, in the matter of standards of training for nurses.

During the long period of the rise of the trained nurse from apprentice training to an educational procedure, many stages have been passed through.

The reason for the raising of the standard of training has been because the doctor has required more and more scientific knowledge on the part of the nurse in order to have her meet his needs.

There is very definitely a group of doctors who, because of the critical situation of too few nurses which comes up so very often, feel the answer to it is just take in a grammar-school girl and give her a few skills, and then make what we call a nurse out of her.

She could not possibly meet the qualifications and the demands of the medical profession as a whole, if that were done.

The situation now is such that the nursing profession and a great many of our people who have worked at it many years feel quite strongly that there is a second group that should be trained, that group being called attendants or aides, or anything else; being the high-school girls or even the grammar-school girls, being given these skills, which they can readily be given, and the type of work done by corpsmen, whether they be men or women.

I feel that there is such a difference, Madam Chairman, between nurse training and this aide training, that it would be most sad, to my mind, if this committee should go into its consideration of this whole matter with the confusion in its mind.

The training schools for nurses are set up throughout the country with greatest care in order to meet the needs requested by and the needs of the patients, and as the doctors have gone more and more into the scientific field of medicine, so they have demanded increasingly highly developed skill in the nurse, which is simply not possible to give girls who do not have more education than is required in other schools.

There are lots of schools who require only a high-school education. In many States they are registered, but the requirements for the professional trained nurse of today, it is quite true, are very much

higher than they were 20 years ago, or 30 years ago, and into the picture has come a very real need for training of a second group which shall be the hands that do the simpler services.

I would very much like to see both the Army and the Navy consider a secondary corps. It would be perhaps an enlisted corps, I don't know, that is not my prerogative, but I think a great deal of good would come and a great deal better work could be done by the actual trained nurse in Army hospitals, just as it is done in civilian hospitals, who have this secondary group of girls who have perfectly recognized training and who the nursing profession is trying to help get adequate licensing so that there may be a very legitimate place for them in the whole great picture of the care of the sick, which is more than just trained nursing care. It must be the whole care of the sick.

I thank you, Madam Chairman.

Mrs. SMITH. The committee appreciates your observations, Mrs. Bolton, and when we get down to the discussion, section by section, we hope you may give us the benefit of your advice.

Mr. Winstead, do you have any questions?

Mr. WINDSTEAD. No.

Mrs. SMITH. Mr. Farrington?

Mr. FARRINGTON. No.

Mrs. SMITH. Mr. Rivers?

Mr. RIVERS. Madam Chairman—I just want to ask Mrs. Bolton if it is her thought that the idea expressed by Mr. Bates could be readily accomplished for the training in both services.

Mrs. BOLTON. At the present time the Navy has no training school. The problem of setting up a nurses' training school is one of many pitfalls and difficulties and of a great deal of expense.

I would question very much the wisdom of going to that expense and a use of nursing energy and medical energy at the moment. I think it would narrow, rather than broaden the situation.

Mr. RIVERS. Your secondary corps, to which you refer—

Mrs. BOLTON. Yes.

Mr. RIVERS. Only applies to the Army?

Mrs. BOLTON. No. The secondary corps would not be a nurse corps. It would be an attendants corps. It would be an entirely different thing. That is what I wanted to bring out most clearly.

Mr. RIVERS. They have the facilities for doing that now?

Mrs. BOLTON. Yes; they can train those now.

Mr. RIVERS. I see.

Mrs. BOLTON. But those girls would have to matriculate into a school of nursing. They couldn't just go up somewhere in the Navy, because the Navy doesn't have it. Those girls could go quite readily to the school in Cleveland, for instance, if they made some arrangement between their corps school and the school in Cleveland to give them credit for a certain amount of work, and then go into the nursing training of the Western Reserve University Nurse Corps.

Mr. BATES. That is the thought I had in mind, with respect to the utilization and services of these girls who have already been trained in hospitalization work. They may very probably be made part of the Hospital Corps, whether in enlisted status permanently up, say to include the warrant grade, or whether you would permit them to go into the commissioned grade.

Mrs. BOLTON. Not unless they were trained nurses.

Mr. BATES. I agree with that.

Mr. RIVERS. It is just like we have now in the Navy, and I assume they have it in the Army, too. We have 52 colleges in the country for ROTC, where students can go to these State universities already selected by the Navy. The Navy and the Army both would select schools in the Nation where these enlisted personnel could attend and come back as Navy and Army nurses.

Mrs. BOLTON. I think that is a very excellent idea, that might be worked out by both the Army and Navy.

Mr. RIVERS. It could be done that way.

Mrs. SMITH. Admiral, would an increase of four to six per thousand result in a comparable decrease in corpsmen? Would you have enough nurses to do some of the work of the corpsmen?

Admiral SWANSON. The corpsmen would not be decreased.

Mrs. SMITH. Would not be decreased?

Admiral SWANSON. Would not be decreased.

Mrs. SMITH. Captain DeWitt, I would like to ask you one more question.

Do the provisions of this bill fill all the needs of the Navy Nurse Corps so far as this new status is concerned, and as far as can be foreseen at the present time?

Captain DEWITT. I think so, with the two corrections: Increase it from four to six, and then making provision for the nurses who would be forced out, that is, forced to retirement who have now reached the ages of 50 or 55, in the passage of the bill. The period for retirement was 58.

Mr. VINSON. May I ask, Madam Chairman—

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. In regard to your last statement, your purpose would be to bring that group in?

Captain DEWITT. Yes, sir.

Mr. VINSON. And automatically retire them?

Captain DEWITT. Yes, sir.

Mrs. SMITH. Are there any further questions by any of the members, of Admiral Swanson or Captain DeWitt?

Mr. DURHAM. Madam Chairman—

Mrs. SMITH. Mr. Durham.

Mr. DURHAM. I would like to ask Mrs. Bolton one question. How many nurses did we train under your bill?

Mrs. BOLTON. My last memory is there were about 105,000 cadets.

Mr. DURHAM. Thank you.

Mrs. BOLTON. I would like to have that corrected by the profession.

Mrs. SMITH. Any other questions?

Mr. GAVIN. Madam Chairman?

Mrs. SMITH. Mr. Gavin.

Mr. GAVIN. I would conclude from the testimony of the admiral that now the Navy and the Army are going to get together on this question and iron out any differentials that may exist, so they are more on a comparable basis?

Mr. VINSON. Not a bit.

Mrs. SMITH. No; we haven't started the reading of the bills, Mr.

Gavin. That comes a little later. Withhold your question, please.

Mr. GAVIN. I see.

Mrs. SMITH. It is so late that it is the opinion of the Chair that perhaps we had better adjourn until 10 o'clock tomorrow, if it meets with the desires of the committee, and go to the House at this time.

Mr. BATES. I so move.

Mr. RIVERS. Madam Chairman, before we adjourn, I see here Surgeon General Kirk. Couldn't we arrange it so that he could come back and not be indefinite about his appearance? I know he is quite a busy man and if a definite appearance could be made for him in the morning, I am sure he would appreciate it.

Mrs. SMITH. We are ready to hear General Kirk now, if the committee so desires.

Mr. VINSON. Madam Chairman, I suggest we adjourn until 10 o'clock.

Mrs. SMITH. Are there any seconds?

Mr. DURHAM. Will that bill be printed? I know quite a few people interested in this bill.

Mr. ANDERSON. It was introduced yesterday. It ought to come up today.

Mrs. SMITH. If there aren't any further suggestions, the committee stands adjourned until 10 o'clock tomorrow, when we will expect to hear General Kirk the first on the program.

(Whereupon, at 11:50 a. m., the meeting was adjourned.)

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE NO. 9 OF COMMITTEE ON ARMED
SERVICES, HOSPITALIZATION, HEALTH (MEDICAL CORPS),
Friday, February 7, 1947.

The subcommittee met at 10 a. m., Hon. Margaret Chase Smith (chairman of the subcommittee) presiding.

Mrs. SMITH. The meeting of the subcommittee will come to order. We have before us H. R. 1673, to revise the Medical Department of the Army, and for other purposes. Our first witness this morning will be Maj. Gen. Norman T. Kirk, Surgeon General of the Army. General Kirk, will you come forward and make your statement, also those whom you care to have come with you?

Major General KIRK. Madam Chairman, it is the War Department's plan that the formal presentation of all bills that have to do with legislation brought to the Congress from the War Department be presented by someone from the office of the Director of Personnel and Administration.

General Swift, who is Chief of the Military Personnel Management Branch, is here this morning, and if I may, I should like for him to make the formal presentation before your committee of this legislation.

Mrs. SMITH. As you wish it.

Major General KIRK. Then I will be glad to supplement that by any verbal remarks that you see fit to allow me to make, and Colonel Blanchfield, Chief of the Army Nurse Corps, will attempt to answer any questions the committee see fit to ask.

Mrs. SMITH. Thank you. We will hear General Swift.

**STATEMENT BY BRIG. GEN. IRA SWIFT, WAR DEPARTMENT
GENERAL STAFF, CHIEF, MILITARY PERSONNEL MANAGE-
MENT**

General SWIFT. Madam Chairman and members of the committee, I assure you there is no desire to limit in any way the questions or discussion of this committee with the Surgeon General of the Army, or the Chief of the Nurse Corps. I was asked to represent the Director of Personnel, who could not be here this morning.

Last year the committees of the Congress asked the War Department to make an effort to consolidate requests for legislation so as to cover a subject, rather than to ask them for piecemeal legislation in the form of individual bills pertaining to a subject.

In an effort to do that, this bill includes various items that pertain to the Medical Department of the Army, and is not limited exclusively to the Nurse Corps.

The purpose of this bill is to authorize a certain amount of reorganization within the Medical Department of the Regular Army.

Within the Medical Department there are many classes of commissioned personnel, other than doctors and dentists. These include pharmacists, optometrists, bacteriologists, sanitary engineers, biochemists, entomologists, serologists, supply and administrative personnel, nurses, dietitians, physical therapists, occupational therapists, and others.

At present all of these people, except a very small group that are now commissioned in the Regular Army Pharmacy Corps, are commissioned in the Army of the United States and assigned to the Medical Department. We can carry them for the duration of the emergency plus 6 months. The AUS status will terminate with the end of the emergency, plus 6 months, so before that time some provision must be made to include this personnel in the Army.

Before the war, male officers such as I have mentioned were commissioned in the Medical Administrative Corps, and later in the Pharmacy Corps. It is perfectly obvious that many of these people are neither administrators, nor are they pharmacists.

I think everybody is thoroughly familiar with the character and quality of the Army nurse, in that splendid corps. Before this war, nurses were appointed in the grade of nurse. They held relative rank with certain Army officers, but it was not exactly the same. Incidentally, they drew less pay than the corresponding grade with which they were affiliated. They had a different promotion scale.

Dietitians were originally civilian employees, and later, officers. They are now officers in the Army of the United States.

For many reasons it is necessary that all of this type personnel be retained on a commissioned status as at present, but regrouped for administrative purposes.

This bill would eliminate the Medical Administrative Corps and Pharmacy Corps as such and create a Medical Service Corps. The Medical Service Corps would include all of the male personnel previously mentioned—pharmacists, optometrists, and so forth. The bill would retain the Army Nurse Corps, but with nurses on a commissioned status as they are at present. Dietitians and therapists would be included in a Women's Medical Specialist Corps on a commissioned status, which they now hold.

The proposed organization would thus include three corps within the Medical Department: a Service Corps, Nurse Corps, and Female Specialist Corps.

I think I can best describe the specific provisions for each of these corps by taking them up in the order in which they appear in the bill. I will do this briefly, and ask the committee to refer back to any particular section later, if they desire further information on the subject.

TITLE 1

Section 101: The Service Corps shall contain a Pharmacy Section, an Optometry Section, an Allied Science Section, and such others as prescribed by the Secretary of War. The corps shall consist of officers in the grades of second lieutenant to colonel, inclusive, with a total strength prescribed by the Secretary of War within the total officer strength of the Army. The number of colonels is limited to 2 percent of the commissioned strength of the Service Corps.

Section 102: The Secretary of War shall appoint a Chief of the Service Corps who, if not already a permanent colonel, will hold that grade while so serving. Chiefs of the several sections shall be assistants to the Chief of the Corps and consultants to the Surgeon General in their particular activities.

Mr. VINSON. Madam Chairman, if he is going to explain each section, why would it not be proper to hold open each section to inquiry as we go along, and in that way you will get a better picture of it?

General SWIFT. If that is satisfactory to the committee, that is satisfactory to me.

Mrs. SMITH. The Chair would suggest that we have an over-all statement and then go into it, section by section.

General SWIFT. Suppose I omit the title and section and then give an over-all description of the bill, without reference to a particular section?

Mrs. SMITH. Thank you.

General SWIFT. Original appointments will be in the grade of second lieutenant, except those transferred in grade at time of organizing the corps and those appointed under the present integration law. By integration law, I mean the law which authorized an increase in Regular Army strength and the procurement of the former Army of the United States officers.

Promotion shall be as now or hereafter prescribed for promotion-list officers. Promotion to the grade of colonel shall be by selection.

Regular Army officers now in the Pharmacy Corps are transferred in grade to the Service Corps.

The bill amends the existing integration law to conform to the proposed organization of the Medical Service Corps, appointment in the Service Corps being authorized instead of the Pharmacy and Medical Administrative Corps.

Promotions to the Service Corps are without loss of rank or credited service.

As I said before, the Pharmacy and Medical Administrative Corps are to be abolished and their functions transferred to the Medical Service Corps.

The Army Nurse Corps to be retained as the Army Nurse Corps, nurses to be retained on a commissioned status instead of the status which they now hold in the Army of the United States.

The maximum strength of the corps shall be in the ratio of 6 per 1,000 of the total strength of the Army. Minimum strength is specified at 2,558 in grades as follows:

There will be a Chief of the Army Nurse Corps, with temporary rank of colonel while so serving; 18 lieutenant colonels; 40 majors; 2,500 other grades. That is the minimum number which I just mentioned.

There will be authorized a Women's Medical Specialist Corps composed of three sections: Dietitian, physical therapy, and occupational therapy. Maximum strength shall be in the ratio of 9 per 1,000 total strength of the Army. Minimum strength shall be 409, in grades as follows:

One chief of the corps in the temporary grade of colonel while so serving; 3 assistant chiefs (1 for each section) in temporary grade of lieutenant colonel while so serving; 24 majors; and 385 other grades.

Regular Army nurses will be transferred in commissioned grades to the new Nurse Corps as organized under this bill.

Authorizes the appointment of qualified persons in the Nurse Corps and Women's Medical Specialist Corps, who served as officers or occupational therapists on active duty during the war.

Authorizes appointment of personnel in the grades of second lieutenant, first lieutenant, and captain in the Nurse Corps and Specialist Corps on the same basis as now provided for wartime officers being integrated into the Regular Army. The few appointments above captain will be made by selection.

Specifies the amount and kind of service which may be credited for the purpose of determining grade and eligibility for promotion. The system is substantially the same as that now authorized for the integration of other wartime officers into the Regular Army.

Limits the exercise of command to the Nurse and Specialist Corps, respectively.

Provides that promotion to include grade of captain within these two corps shall be on the same basis as for line officers, except a professional examination will be required from first lieutenant to captain. Promotion above captain will be by selection.

Authorizes retirement for this personnel on same basis as for other officers, except that any nurse or female specialist may be retired at the discretion of the Secretary of War at the age of 50 if in company grade, at 55 if in field grade. By company grade I mean below the grade of major.

The Nurse Corps as previously authorized will be abolished, and the new Nurse Corps will take its place.

The bill further provides in reserve sections for the Nurse Corps and the Specialist Corps in the Officers Reserve Corps.

The provisions of this bill, insofar as they affect nurses in the Army, are substantially the same as those of H. R. 1373 as presented yesterday, which pertains to nurses in the Navy. There are some differences. The two bills are not identical. The committee, I think, will take cognizance of the differences later on. There are only a few minor ones at that.

The Navy expects to have the nurses in the Navy appointed in the grade of nurse, but with the rank of officer. I do not know the significance of the grade of nurse, or if it makes any particular difference. It does not affect them, they are still commissioned officers. We want to appoint them directly as officers in the Regular Army.

The retirement of nurses who may be forcibly retired, or who are retired for age at 50 or 55, as the case may be, in the Army bill is at 3 percent per year of service, not to exceed 75. That is in accordance with existing law. It is merely a carry-over. The nurses are entitled to that now.

I believe the Navy bill was at 2½ percent. That is a matter for the committee's consideration, but it seems advisable to me, at any rate, that the Navy bill increase it to 3 percent, as the Army now has by law.

Other than that, I think there are no differences in the two bills, except for language. Now General Kirk and Colonel Blanchfield, as well as myself, are available for further discussion or questions, at your wish.

Mrs. SMITH. Thank you, General Swift. This bill appears to be all-inclusive. What do you hope to gain most from the merger of all medical activities—efficiency, economy, or both?

General SWIFT. We hope to gain considerable efficiency. We have foreseen the necessity for this reorganization for quite a long while. It started many years ago when they provided for Medical Administrative Corps officers in the Medical Department.

No doctor likes to do administrative work, in fact, they dislike it enormously. We are having extreme difficulty now in procuring doctors and dentists in the Army, for the simple reason that a doctor wants to do medical work and nothing else, if he can avoid it. We thought years ago if we provided for an administrative corps, we could relieve doctors of administrative work and thereby promote efficiency. That helped.

Now we have many allied sciences personnel, you might call them. Some of them are administrators and come under the classification of service personnel. With this Medical Service Corps properly utilized, it will, we are positive, relieve many M. D.'s from what might be termed administrative or service work.

The work must be done, and if we can get other people to do it, we know that it will work toward efficiency in the Medical Department.

As far as nurses are concerned, we would dislike very much to have to go back to the prewar status in the Nurse Corps. I think that would be decidedly a step backward. The nurses have done a grand job in this war and in every other war, and in peacetime we need them in the status in which they now exist, as commissioned officers in the Army.

We must have to maintain in a peacetime Army, the dietitians and therapists. Now we cannot properly include them in the Nurse Corps, for the simple reason that they are not nurses. We do not want a separate group for each one of them, so we think for administrative purposes they should be grouped into one group.

This whole bill is nothing but a reorganization. It does not change the pay of anybody over the present status, it does not change anybody's rank over the present status. Probably they hold more rank

temporarily than they will get under this, but they will continue with that until such time as they are reduced.

It is necessary to get this reorganization into effect before the period of the emergency expires and we have to go back even temporarily to the old prewar organization.

Mrs. SMITH. Would you be able to recruit nurses if you went back to prewar legislation?

General SWIFT. There is no doubt in my mind that we would lose most of them.

Mrs. SMITH. The committee has a bill waiting for consideration to establish the commissioned grade of Medical Administrator in the Hospital Corps of the Navy. Would that be similar to title I of H. R. 1673?

General SWIFT. I presume that would be similar to the Chief of the Medical Service Corps that we have here.

Mrs. SMITH. Turning to the part that pertains to the Nurse Corps, I would like to ask two or three questions before calling on the other members of the committee. General Swift, the one difference that we notice is that the Navy's admission age bracket is 22 to 30, while the Army's is from 21 to 36. Is there any reason why that should not be alike in the two services?

General SWIFT. I have no objection so far as the Personnel Director's office is concerned, to adopting the Navy scale. I do not know what General Kirk's feeling is about it. If he objects to it, he can state his reasons. But I would accept the Navy's provision, if that is your opinion, or accept the committee's view.

Mrs. SMITH. General Kirk?

General KIRK. We will be glad to accept anything, but I would rather have them younger than older. We had much difficulty in persuading G-1 and the Budget that a nurse could not work as a bedside nurse after she was 50 years of age, and I think that is too old. It is the old Army custom, and also that of the Budget, that every officer, male or female, who has 30 years of service shall become eligible for retirement.

Women are different from men. They do not last as long. The job of the bedside nurse is not that of sitting at a desk, it is to be on her feet, taking care of the sick. And that is a different kind of a job. I am satisfied that the average nurse in the operating room, few of them are useful a hundred percent after they are 35. It is hard work.

So that we feel that the younger the nurse comes in, the better, and the longer service we will get out of that nurse. Maybe 26 is too young. At one time we took them in our Corps up to 32. Well, that was too old. When we go back to the Spanish-American War days, we were told that nobody could come in until they were over 35, and they must be stern persons. None of the things that formerly obtained do we like to see today.

We want to have these people young when they come in, so that we can without costing our Government too much, retire them when they are 50 years old, when they are no longer effective. Under the old program when there was no retirement age for nurses, the Nurses' Home looked like an old women's home. Many of the nurses were unable to do war nursing. Jobs had to be found for them.

They had to be kept on the pay roll, and they served no useful purpose. And we do not plan to bring an Army Nurse Corps up that does not serve a good purpose.

Mr. RIVERS. They were over 50?

A. Yes. Some of them were over 60. I do not say that they were not fine women, but they could not do the job we had to put them to. They were not able to do the administrative job. That is why we have set up the grades of Major and Lieutenant-Colonel, for women to do that.

I am talking about the nurse who is not selected for that work, but women who do bedside nursing. We feel that 50 is too old an age. We would like to see a lower age than that as the maximum. Now, I do not know whether or not we can recruit enough nurses that are under 26. If we could, that would be ideal. I would rather see more at 28 than at 30.

Mrs. SMITH. What is the average age of a woman when she reaches the rank of Major?

General KIRK. Well, that is a little hard to state at the moment because there is a plan coming before this committee, a new promotion bill, as to how many years she will serve. If the committee passes the bill presently proposed, she would be—

Col. FLORENCE A. BLANCHFIELD (Chief, Army Nurse Corps). She would be 40 years old.

General KIRK. She would be 40 years old, if she came in at the age of 26. And then in another year she might be selected for the grade of lieutenant colonel which would make her 41.

Mrs. SMITH. Do you have any majors doing bedside nursing?

Colonel BLANCHFIELD. We have very few now, but it is due to our readjustment of personnel, Mrs. Smith.

Mrs. SMITH. You do not plan to have any?

Colonel BLANCHFIELD. We do not plan to have any, no.

Mrs. SMITH. Is there not a sufficient amount of instructing and other useful tasks that the nurses who are majors and colonels can be put to? Is there not the need for them in other things than bedside nursing?

Colonel BLANCHFIELD. We have allotted some of the numbers we have indicated for majors, for that particular assignment, but whether we have allotted a sufficient number, I do not know. I think we have, but it might be open to question.

General KIRK. We have set up, as you know, Madam Chairman, 18 lieutenant colonelcies. The break-down as to where they will be used will be as follows:

Two will be at teaching centers, two will be assigned to the Surgeon General's office, two will be assigned to headquarters of the Army Air Forces, six will be assigned to overseas theatres and departments, and six will be assigned to Army area headquarters. The United States is divided into 6 Army areas, in contrast to the 15 naval districts, so we would use 6 there. That is 18.

There are to be 40 majors, who are to be principal chief nurses in the various general hospitals and large stations.

Now that is the field strength for a force of 2,500 nurses. That is the minimum strength. Each time that force is included by 500 it is the plan under this bill to allow one more lieutenant-colonel to be appointed, and two more majors. We could not state what the maximum strength is, because nobody knows at the moment what the

strength of the Army is. It was planned to have this minimum number initially, and keep up to our six per thousand of reserve until the authorized strength of the Army was known, and then we could finish the recruiting of the total number into the regular Corps.

Mrs. SMITH. I notice the Navy directly specifies 4 years for the term of the Director of Nurses, while the Army leaves it to the Secretary of War. Is there an advantage to that?

General KIRK. We might select the wrong one, and in this way the Secretary of War could put her out after a year. It would make for efficiency.

Mrs. SMITH. Do you believe, General Kirk, that the differences in these bills, the Navy and the Army Nurse Corps bills, can be reconciled so that it will be brought out as one bill, if we limit it to the Nurse Corps?

General KIRK. Very easily, except that I think there should be parallel bills. We are not yet close enough for integration that the two should be one bill. It could be parallel bills. I see nothing in the two bills that could not be worded exactly the same, the one to apply to the Army and the other to the Navy, except the number in the grades of lieutenant colonel and major.

Mrs. SMITH. Could those be placed on a percentage basis, rather than be specific as to number?

General KIRK. I am sure they could.

Mrs. SMITH. Do you have some questions, Mr. Gavin?

Mr. GAVIN. No.

Mrs. SMITH. Mr. Rivers?

Mr. RIVERS. I would like to ask the General a couple of questions. I notice you have indicated the number of lieutenant colonels right on down the line, and the number of colonels and majors, right on down the line. The Army of the United States will be abolished. We will not have that any more. Eventually, when the war and 6 months is over, they will go into the Regular Army. The Navy puts them into the Nurse Corps. Therefore, in the Army, there will be officers in the Regular Army, whereas in the Navy they will not be in the Regular Navy.

General SWIFT. They will be in the Regular Navy.

Mr. RIVERS. They will be in the Regular Navy, but they will be nurses instead of Navy officers.

General SWIFT. They are both.

Mr. RIVERS. But yours are Army officers at the outset, is that true?

General SWIFT. Yes, sir.

Mr. RIVERS. Do you think anything would be gained by making the Navy set-up the same as yours?

General KIRK. I do not believe it will make much difference, whatever the phraseology might be. The Navy might accept the phraseology and be happy with it. After all, they are officers, and the bill says they are entitled to everything every other officer is entitled to.

Mr. RIVERS. I was interested here about retirement. The Navy, I think, is 2½ percent, and I believe yours is 3 percent.

General KIRK. That is correct.

Mr. RIVERS. That has to be reconciled, does it not?

General KIRK. Yes. I hope it will be reconciled. Most of the nurses will have done almost thirty years' service, at least 25. All of them are not promoted to the grade of colonel to get their 2½

percent, which other officers do. Most of them are stopped at captain. We may let them out 5 years before they do their 30 years, or they may have enough years' service that 3 percent would give them 75 percent, which we feel the nurse is entitled to.

However, the Budget would not go along with 75 percent paid at the age of 50, but they would, and there is a present statute, already written, that allows a nurse under certain conditions to receive 3 percent per year when she is forced out at the age of 50.

Mr. RIVERS. If we vary that agreement with the Budget, this bill might be vetoed.

General KIRK. Well, the Budget agrees to give the 3 percent, already agrees. That is an agreement. I had that agreed to before we presented this bill last year, so far as the Army was concerned.

Mr. RIVERS. Does every other officer in the United States Army have the same retirement percentage that you are giving the nurses?

General KIRK. They do, except for that 3 percent a year when forced out at 50. None of them are forced out at 50. They are all allowed to serve 30 years. But we feel that the nurse is a woman, and in a special category, and she has finished her usefulness as a bedside nurse at that age.

We recognize that in airplanes we build, and in motor cars we build. They are built differently from trucks. The age of a nurse is to be viewed differently. We should recognize that this woman has done her job in that time, and she has an administrative job the same as a colonel or a general in the line. This woman has to work on her feet, and she is no longer useful.

Mr. RIVERS. You have heard about the equal-rights statute?

General KIRK. I am putting the woman a little ahead in this.

Mrs. SMITH. Is that not a discrimination in favor of women?

General KIRK. I think so, Madam Chairman. I think they are entitled to it.

Mr. RIVERS. Concerning the matter of unification, I recall having seen in one of the papers that the Air Corps would accept it. I believe I saw that. If we did have a separate Air Corps, would not all your planning on this thing have to be revised, because this does not contemplate a separate Air Corps?

General KIRK. This contemplates a medical service for the Army as now constituted, and we must have it, or else there will be no Nurse Corps for the Army. Actually, we are hoping that this will be passed soon. We are short 1,500 nurses now. We believe that if this is passed, it will help in recruiting them. They are waiting to find out what is going to happen. As I understand it, with the unification there is to be a separate Air Corps, but nobody has decided whether there is going to be one medical service to serve the entire military forces, or whether there are going to be three medical services, and the Congress will devote some time to making that decision.

Mr. RIVERS. Under this bill, the percentage of the strength of the Army would take care of it?

General KIRK. It would.

Mr. RIVERS. A pharmacist under this bill, which is the general reorganization bill, could attain the permanent rank in the regular Army of a colonel, is that correct?

General KIRK. That is correct.

Mr. RIVERS. I thought he could not have that rank?

General KIRK. Yes, he has. The number of colonels are limited to 2 percent. Pharmacists or people in any other section go up to that grade by selection. It is limited to 2 percent. We do not know what the rest of the Army will be, whether it will be 6, 8, or 10. It depends on Congress. But we felt that we could not use more than 2 percent of the corps in the grade of colonel, and that is why it was limited to 2 percent, figuring that this Army is the people's army. It is built to do a job, and not just to give a job to any individual in it.

Mr. RIVERS. After a long number of years, the Pharmaceutical Association finally agreed on the percentage?

General KIRK. I do not know that they agree with that. That is our thought from the standpoint of the Army. I do not know if the pharmaceutical group agrees that that is the proper percentage, but it is a question of where you can use that number of people in that grade.

During the war we had almost 20,000 MAC—Medical Administrative Corps officers who went through OCS. We had 2,800 others in the Sanitary Corps, sanitary engineers, entomologists, chemists, and what-not. That was some 22,000 or better technical people who assisted our 47,000 doctors in carrying on their work, and we found that they did it splendidly. For that reason we want this Medical Service set up so as to support our Army during peace and be ready to expand when war comes.

Mr. RIVERS. It is your thought that due to the exigency, the need for prompt action on the part of this committee and the Congress, that time is of the essence to keep your corps from disintegrating, and the Navy, and the rest of them, due to the pay scale and the indefiniteness of the whole thing. Now, if we should, in keeping with your thought and Mr. Vinson's, yesterday, lower the retirement age, say to 45, do you think that the Budget would go along?

General KIRK. You mean the nurses?

Mr. RIVERS. Yes.

General KIRK. We might have difficulty there. We might try it at 50, and see how it works, and after 5 years we could change it.

I think with the other things we hope the Congress will pass, we will not have too much difficulty in recruiting this Nurse Corps.

Actually, in taking nurses from civil life, as was brought up yesterday, there will not be so many needed as during the war. During the war there were 63,000 nurses serving in the Army. We had a maximum strength of 56,000. Actually today there are 6,600 nurses, approximately, in our force. We need for our interim Army about 7,500 nurses for our peacetime Army. We are asking you initially for 2,500. If the Army is fixed at a million, the Army will need 6,000 nurses, and the Navy will need a corresponding number, 3,000. That would be 9,000 nurses. So there will be no comparison with the number of nurses we took during the war.

The Army today has separated better than 50,000 nurses of those in service during the war, and returned them to civil life. Unfortunately, many of these girls get married. I mean unfortunately from the military standpoint. Our mortality in nurses in the Army was much greater to the lieutenants than it was to the enemy. Our rate of attrition is very high in the Army, as well as in the Navy, of these younger nurses who come into the service.

Mrs. SMITH. Mr. Durham, do you have any questions to ask of General Kirk, or General Swift?

Mr. DURHAM. General Swift, in designing this legislation, of course you have tried to cover into it all of the branches of the different services under the Medical Corps, that is correct, is it not?

General SWIFT. We started originally to include everything that we wanted done in the Medical Department. That included some provisions for doctors and dentists. The provisions affecting doctors and dentists were separated and put into a separate bill by the Legislative Section in the War Department—not my office. Just why they separated them, I do not know. However, this includes the Medical Department, everything we expect to ask for regarding the Medical Department other than the doctors and dentists.

Mr. DURHAM. That is why I asked that question, as to why we could not consider the whole thing at one time. Is there some reason for that?

General SWIFT. Well, the reason for it was that when we get into the question of doctors and dentists, one of the provisions for consideration is the matter of pay. The Secretary of War has had a board examining into that situation for 3 months, composed of senior professional medical men in the United States. The question of money is involved in that, and we thought that it would only delay action on this bill to inject the doctors and dentists into it, and rather than delay this bill, it was put in a separate bill.

Mr. DURHAM. There is the same urgency for that in regard to the United States Army officers as there is to this situation which prevails in these other different agencies or different departments here.

General SWIFT. No, sir. As you will see, when that bill comes before you, there is a great deal more involved. There is no conflict between that bill, when you get it, and this one.

Mr. DURHAM. At the present time, what is the authorized strength of doctors?

General SWIFT. Well, the authorized strength of doctors comes in within the 50,000 of the Regular Army.

Mr. DURHAM. I mean in the permanent law.

General SWIFT. There is no limitation on the number of doctors. The Secretary of War can have as many doctors as he wants, but he cannot have more than 50,000 Regular officers.

Mr. DURHAM. But in regard to the Dental Corps, it is different; that calls for a special number?

General SWIFT. I do not know if there is any limitation on the number of dentists.

General KIRK. Up until the war the Medical Corps was authorized to have 6.5 doctors per thousand troops, and the planning on dentists was two per thousand troops.

General SWIFT. That is administrative authorization.

Mr. DURHAM. Now, General Kirk, or General Swift, in this bill there is no prescribed educational requirement in these different sections of the bill, as I see it. What requirements are you going to have in regard to educational requirements, both in this Medical Service Corps and also in your Nurse Corps?

General SWIFT. We expect to continue the standards that are now in operation. For example, a nurse coming into the Army is accepted for appointment if she is a graduate of an accredited school, and she

has to be a registered nurse. Those schools require a certain amount of formal education, high-school education; so that indirectly the Army, you might say, requires a high-school education.

Mr. DURHAM. Will that apply to all of these other professional groups?

General SWIFT. No; I think not. I think before a person becomes a physical therapist or a dietitian, they must have a college education, as I understand, before they can get that rating. But insofar as the officers are concerned, they have to qualify under the different rules, depending on what they are going to do. If a man is a doctor, he has to be an M. D. If he comes under this Service Corps bill, there is no specific educational requirements set up at the moment for an administrative man, other than for an officer of the Army.

Mr. DURHAM. Do you not think you should have some educational requirement?

General SWIFT. It is rather difficult to say.

Mr. DURHAM. Why was it left out?

General SWIFT. He must have a formal education to meet the requirements for a line officer. We have tried that before, and it does not work very satisfactorily. We have means of evaluating a man's education through different processes that have been worked out. Roughly speaking, it generally amounts to about the equivalent of 2 years of college education, but that is not a specific requirement in the case of a line officer, and it should not be in the case of an administrative man in the Medical Corps.

Mr. DURHAM. I would like to ask General Kirk a question or two. General Kirk, of course the duties are not prescribed very clearly in this bill. For instance, your Director, if you call him that, of the Medical Service Corps or of the Nurse Corps, those duties as you visualize them at the present time would be, professionally, pharmacy down the line, optometry down the line, nurses down the line from the head of the Administrative Corps set-up?

General KIRK. Yes, sir.

Mr. DURHAM. Now, what would be the duties of that officer, and how much authority would he have in your present set-up?

General KIRK. I might in answer to that let our chief nurse state what her duties are, and what she does about the Nurse Corps at the moment.

Mr. DURHAM. And that would be followed in regard to the other professions?

General KIRK. That is correct.

Mr. DURHAM. All right.

General KIRK. Before she starts on that, I might give you an answer to a question you asked General Swift as to the educational qualifications for an applicant for this corps. During the integration certain factors were set up and stated that if the man gave excellent service during the war it was sufficient test that that man would be able to serve in peace in our Army. So these individuals are brought in, that is, were integrated.

Mr. DURHAM. But there is nothing in law, of course?

General KIRK. No.

Mr. DURHAM. It is optional with you. It can be waived, though?

General KIRK. For this integration period; but in the future it will not be waived. It will be just as firm for the Medical Service Corps

that he be a graduate of pharmacy or optometry, and from an acceptable school, as for a doctor, a dentist, or a veterinarian.

Mr. DURHAM. That will be your policy?

General KIRK. Yes, and it is left to the discretion of the Secretary of War. It would be foolish to take in a substandard man, and I am sure it will never happen. If it is the desire of the committee to have that written into the statute, we could furnish that information. But I have understood continually, not knowing much about it, that that is left in the hands of the Secretary of War, and I am sure that there will not be any lowering of standards in any of these services.

Mr. DURHAM. I hope not. Of course I realize there is some difficulty.

General KIRK. I can assure you of that, sir. Now, in the administration—

Mr. DURHAM. Before she answers that question, I would like to ask you a further question. At the present time the Pharmacy Corps, which is, of course, an act of Congress, and a law at the present time, that corps calls for, as I recall, 84 officers. Is that correct?

General SWIFT. Seventy-two, I think.

General KIRK. I think that is correct, 72.

Mr. DURHAM. Any way, at the present time, is that completely filled?

General KIRK. I am sure there are more pharmacists integrated into the Army under this Medical Service Corps bill now who are actually officers of the Army, than those 72. Actually, there have been about 488 people commissioned up to date in the Pharmacy Corps as a vehicle to transfer them into the Medical Service Corps when it is enacted.

Mr. DURHAM. How many do you visualize at the present time, or have you got any idea as to how many you will use under this Medical Service Corps, or how many will be in the entire Medical Service Corps?

General SWIFT. 1,640, according to plan.

General KIRK. We are asking for three per thousand.

Mr. DURHAM. That is, 1,640 pharmacists?

General SWIFT. No; Medical Service Corps.

General KIRK. We are asking for three per thousand, against 5.5 per thousand of doctors. That is the minimum requirement, over-all officer requirement of an Army of any size, either Regular or Reserve.

Mr. DURHAM. That is for the over-all situation?

General KIRK. Yes, sir. That is approximately what we had during the war. We had some 22,800 of these people, in relation to 47,000 doctors on duty during the war.

Mr. DURHAM. May I ask how many doctors you have now, General?

General KIRK. Well, we have on duty today around 7,000 doctors. There are 1,135 of those who are regulars. There are about five or six hundred volunteers, and the rest are A. S. T. P. students who graduated in the last 2 or 3 years from medical school.

As a matter of fact, we are just about out of doctors in the Regular Corps. We have been able to integrate 158 since VE-day, and we have lost by death, retirement, and resignation from the Medical Corps of the Army almost 250. We are in the red a hundred doctors since VE-day, and the situation is very critical in our Regular Corps.

Mr. DURHAM. I would like to have the colonel answer the question that was asked a few minutes ago.

Colonel BLANCHFIELD. Yes, sir. The Superintendent of Nurses or Director of Nursing Service, has general supervision of the nursing service. She acts as consultant to the Surgeon General on all matters pertaining to nursing and nurses. That includes maintaining acceptable standards of nursing throughout the Army. She acts as liaison officer for the Surgeon General with the civilian nursing organizations, and is responsible for recommending the proper standards for applicants for the corps.

She reviews all applications and passes on the eligibility of nurses as far as their professional standards are concerned.

She makes frequent inspection trips in the field to insure that the proper standards of nursing are being maintained, and makes whatever recommendations she feels are indicated to insure a high morale and high standard of service.

Mr. DURHAM. That is what she is doing at the present time?

Colonel BLANCHFIELD. We also recommend the assignment of all nurses. We keep records of the different classifications of nurses according to their special skills, such as anesthetists, operating-room supervisors, and so forth.

Mr. DURHAM. I would like to have for the record each of these professional groups as outlined by the Surgeon General and have it included in the record as a matter of information for the committee. I do not care to take up further time at the present time.

Mrs. SMITH. General Kirk, will you provide that for the record?

General KIRK. Provide it in writing? I will be delighted to.

Mr. VINSON. Is it your intention to go through the bill, section by section?

Mrs. SMITH. Yes.

Mr. VINSON. Then I will withhold my questions.

Mrs. SMITH. In addition to Mr. Durham's request, I would like to have you include in the record the total number of large Army medical installations, medical officers and men with installations, medical officers and men with troops, percentage of officers as of the entire Army, and percentage of the Medical Corps as of the entire Army. Will you please furnish that? Mr. Bates, do you have any questions to ask of General Kirk or General Swift?

Mr. BATES. Either one will be acceptable. Of course what we are trying to do is to standardize the whole professional organization, both in the Army and in the Navy, and what I would like to find out is whether or not there is any inconsistency in the professional set-up. As I understand, under this bill the Army Nurse Corps will be the counterpart of the Nurse Corps in the Navy?

General SWIFT. That is right.

Mr. BATES. We have a Hospital Corps in the Navy. What is the counterpart of the Hospital Corps of the Navy in the Army under this set-up?

General KIRK. This Medical Service Corps.

Mr. BATES. Medical Service Corps?

General SWIFT. Yes.

Mr. BATES. Is this a new development in the Army? Is it a new designation?

General SWIFT. It is a consolidation of the personnel which we have had under other classifications.

Mr. BATES. Now, then, you are setting this up as a separate organization within the Medical Corps of the Army?

General SWIFT. Within the Medical Department of the Army. That is right.

Mr. BATES. Within the Medical Department of the Army. Is the Hospital Corps set up as a separate organization within the Medical Department of the Navy?

General SWIFT. I believe it is. Is that correct?

General KIRK. We had better ask the Navy. Might we ask someone from the Navy?

Mrs. SMITH. Admiral Swanson, will you come forward, please?

Mr. BATES. What I am trying to get at is whether or not there is any inconsistency in the type of organization, the benefits, the pay scale, the rank, the benefits or anything else that will be inconsistent if both of these bills are enacted into law. In other words, we do not want the Army to say "Well, you gave the Navy Medical Corps the benefits we have not got in the Army Medical Corps," and we want to be sure—I want to say to you gentlemen that it has happened before in many classifications, and we certainly do not want it to happen now after we have joined these two committees together. That is our responsibility.

What we want to try to find out is if there is any inconsistency in the organizational set-up. Then beyond that I want to go down to the pay schedules, rank and term of service before they arrive at that rank. You have spelled out the period of years, 3, 6, 12, 20, and 26, that they would have to serve to go up another rank. I want to know if that is so in the Navy also.

When this is all over, we want to see that both services are on an absolute level. Is the Hospital Corps in the Navy a separate organization within the Medical Corps, such as is contemplated in the Women's Specialist Corps in the Army?

Admiral C. A. SWANSON (Surgeon General, U. S. Navy). At the present time we do not have a Hospital Corps in the Navy with permanent commission rank. A bill has been introduced recommending such permanent rank for the Hospital Corps.

Mr. BATES. So there is a difference between the Army bill as written here, and the Navy program, or the Navy organization as it is today?

General KIRK. The Navy at the moment has no counterproposal.

Well, the Navy has a bill, as I understand, before Congress now, setting up a Specialist Corps other than professional, which is going along the same line as this Medical Service bill that we have presented here.

Mr. BATES. We have not gotten that bill up to the present moment: have we?

Mrs. SMITH. The bill is awaiting consideration.

General KIRK. The two are quite dissimilar, and would require quite a bit of work to tie them in as closely as our nurses' bills.

Mr. BATES. General, for the purpose of the record, I wish you would put into the record the counterpart of every provision of your Medical Corps, in the Navy, so that we can break it down and check it—the rank, the pay scale, the period of years served, and every thing that will show the relation of one organizational set-up, and the benefits, with the other, so that they will be entirely consistent.

General KIRK. I believe there is legislation being prepared right now—General Swift and the admiral might correct me if I am wrong—

there is a new promotional bill coming to the Congress from the Navy and the Army that has to do with all of these people.

There is a pay bill, I think, coming from the Army that has to do with the medical officers. So we can get something for the Army and Navy that will be parallel. The only thing I think we need to get together on is this particular section that has to do with the Medical Service Corps.

Mr. RIVERS. And the retirement percentage.

General KIRK. Well, that is just the nurses. That has to do with the nurses. I thought we were off of that, and we were almost parallel, and that was worked out. But I am speaking of these things that are not similar. But I do think these two bills are very dissimilar as written, however. Is that not right, Admiral?

Admiral SWANSON. The nurses are parallel to one another. The difference in the nurse bill of the two services is that we propose to put a nurse on a parity with a man, and retire them at 2½ percent of their active duty pay, multiplied by the number of years active service, but not to exceed 75 percent, whereas in the Army they propose to retire them at 3 percent.

General KIRK. At the age of 50. Up until that time she gets 2½ percent per year.

Mr. GAVIN. Is there a differential in age?

Admiral SWANSON. No, sir. The only differential is the proposed percentage of their retired pay. In the Navy we propose to retire them at 2½ percent of the active duty pay multiplied by the number of years of active service but not to exceed 75 percent. In the proposed bill of the Army, as I understand, they are to be retired at 3 percent per annum of the base pay.

Mr. BATES. I wish you would prepare that and put it into the record, so we will have a clear understanding of the counterpart—the rank, the period of time served, and whatever other benefits are to be derived, including the 3 percent.

The question is whether or not we are justified in approving a 3-percent rate on retirement for a nurse after she arrives at the age of 50, and deny a disabled officer who received his disability in line of duty, and let him retire at 2½ percent.

General KIRK. These nurses who are entitled under our bill to 3 percent per year are those who are forced out at the age of 50.

Mr. BATES. These others are forced out because of disability.

General KIRK. With many of the nurses it is 2½ percent per year. We think we are dealing with a different type of matter in the case of the woman than in the case of the man, and considering the duty she has to perform. Remember, the nurse is not promoted except to the grade of captain. The officer may be promoted to the grade of colonel, while this nurse never gets above the grade of captain.

Mr. BATES. The only thought I have in mind is that a man who reaches the age of 50 after 25 years in the service, and who breaks down under the strain, or for some other reason becomes totally disabled at the point in life when he has family responsibilities. For the most part, I presume your nurses at that age will be single. I do not know what your regulations will be. But here we are discriminating against a disabled officer in either the Army or the Navy who has been forced to retire because of physical disability incurred in line of duty. If I am wrong, General, just go ahead and tell us.

General KIRK. Under the present law he will get 75 percent of the pay of his grade. If he is an officer of the line, at 50 years of age, he will not be a captain, he will probably be a lieutenant colonel, or a colonel, and he will draw 75 percent of the colonel's or lieutenant colonel's pay, and not 75 percent of the captain's pay that the nurse will draw. So the money is quite different.

Mr. BATES. I wish you would explain that in a little memorandum that you might insert in the record.

General KIRK. Yes, sir.

Mrs. SMITH. Thank you, General Kirk. Colonel Blanchfield, have you any statement you would like to make on this bill?

Colonel BLANCHFIELD. No, I have not, Madam Chairman. General Swift has pretty thoroughly covered it.

Mrs. SMITH. Colonel, I wish you would give me the benefit of your thoughts on the girls being taken into the Army at 21 instead of 22, and 26 instead of 30.

Colonel BLANCHFIELD. Madam Chairman, to make the law as flexible as possible, and to have it continue effective over a great many years, we set the appointment age as low as 21. In peacetime we have always required at least 1 year of experience subsequent to graduation for eligibility for appointment in the Army.

However, with the nurses going in training earlier, they are graduating earlier, and in one State I know of in particular—and that is Texas—they will register nurses now as young as 20 years of age. We do not want to limit or to disqualify a young woman who met all of the requirements for the Army in order to just hold her out until she was 22. If she met the qualifications, notwithstanding she was only 21 years of age, we would take her.

Mrs. SMITH. What about the ages of 26 and 30?

Colonel BLANCHFIELD. We feel that 30 is too old. We made some very exhaustive studies during the past years on the entrance age, and at that time I think we arrived at 28 as being the most desirable age for appointment. That is, the maximum age for appointment.

Mrs. SMITH. As to your authority and your duties, do you act in an advisory capacity, or do you have a vote and a voice as to the making of policy?

Colonel BLANCHFIELD. I usually set up the policies and make the recommendations and get concurrence of interested groups.

Mrs. SMITH. Mr. Bates, do you have any questions?

Mr. BATES. No.

Mrs. SMITH. Mr. Rivers, do you have any questions?

Mr. RIVERS. I would like to say that maybe Mrs. Bolton can give us some light on this question.

Mrs. SMITH. We will call on Mrs. Bolton. Mr. Gavin?

Mr. GAVIN. General Kirk, you stated you are about a hundred doctors in the red. Are you getting many requests for separation from the service?

General KIRK. We have sufficient doctors, but not the number of specialists that we need.

Mr. GAVIN. On these temporary officers who want to be released from the service, what action are you taking?

General KIRK. We are separating those that show hardship, otherwise they are doing their 24 months' duty. You remember these ASTP youngsters did not have to shoulder a rifle. They were protected from doing that, while men of the same age did go abroad.

Mr. GAVIN. Where there is any justification, you release them?

General KIRK. If there is justification. Otherwise, we expect them to do their duty. He was protected from being a soldier while the other fellow went. He was educated at Government expense, and he has some obligation in this war from which he was protected.

That is our feeling, and the present regulations are that he is separated after 24 months' service, which is the minimum in comparison with what many other doctors did who went to war and left their families. Under hardship conditions they are being separated.

Mr. GAVIN. That answers the question very satisfactorily.

Mr. VINSON. General, can you advise the committee, by the reorganization or establishment of this Medical Department, what will be the additional cost, if any, over the present establishment?

General KIRK. It will not cost a bit more than it is presently costing, Mr. Vinson.

Mr. VINSON. Based upon the same personnel, it is the same cost?

General KIRK. Yes, sir; exactly.

Mrs. SMITH. Mr. Durham, have you any questions?

Mr. DURHAM. No further questions.

General KIRK. Might I point out one thing more, please, Madam Chairman? In the Navy nurse bill, you understand they do not set up the Women's Medical Specialist Corps. They have no dietitians, physical therapists, or occupational therapists.

These people have done a splendid job for us since World War I. We have always carried them in those grades. They are women we get from civil life, and not trained nurses. They meet very rigid requirements, and they have done a splendid job.

As I understand from Admiral Swanson's testimony, they take nurses and train them for these specialties. Actually, we felt from our point of view that it would be wasteful to take trained nurses for this when we could get women otherwise trained in civil life to supplement the scarcity of nurses.

Mr. VINSON. That goes for the Medical Service Corps.

General KIRK. That is part of the nurse bill—the physical therapists, the occupational therapists and the dietitians, they are part of the Nurse Corps bill. They are females, sir. The Medical Service Corps are all male officers. In the nurse bill they are all females.

Mrs. SMITH. In other words, General Kirk, the difference is that the Army uses the nurses for nursing only?

General KIRK. That is right.

Mrs. SMITH. The Navy uses the nurses for nursing, also these special services. Am I right?

General KIRK. Yes, ma'am.

Mr. BATES. Is it not also true that in the Navy, Madam Chairman, they have enlisted dietitians who were in fact nurses before they ever came in the Navy?

Admiral SWANSON. The number of our dietitians is predicated on the number of hospitals we have in operation.

Mr. BATES. But they were dietitians, in many cases, before they came in the Navy. How many dietitians have you in the Army, General?

General KIRK. Right now?

Mr. BATES. Yes, sir.

General KIRK. I have a figure here.

Mr. BATES. And physical therapists.

General KIRK. During the war we had about 1,500 dietitians, and 300 physical therapists, and 900 occupational therapists. At the moment, there are 225 occupational therapists and 400 dietitians. We are short of dietitians right now to meet the load. We have 400 dietitians, 400 physical therapists, and 225 occupational therapists.

Mr. BATES. Let me get those figures; 400 dietitians?

General KIRK. Yes, sir.

Mr. BATES. Two hundred occupational therapists?

General KIRK. Yes, sir.

Mr. BATES. What is the next figure?

General KIRK. Four hundred physical therapists.

Mr. VINSON. That is known as the Women's Medical Specialist Corps?

General KIRK. That is correct, sir.

Mr. VINSON. That consists of what, now?

General KIRK. Physical therapists.

Mr. VINSON. How many are there in that organization now?

General KIRK. Four hundred.

Mr. VINSON. Four hundred. Now, what else?

General KIRK. Dietitians.

Mr. VINSON. How many in that organization?

General KIRK. Four hundred.

Mr. VINSON. How many in that organization?

General KIRK. Four hundred. And occupational therapists. They are presently civilians. We propose to bring them in and commission them. There are 250 of them.

Mr. VINSON. Two hundred and fifty?

General KIRK. Yes, sir.

Mr. VINSON. That is the strength of the Women's Medical Specialist Corps? That is, as of today?

General KIRK. That is correct, sir.

Mr. VINSON. Do you propose to increase or decrease that, or is it based upon the strength of the Army?

General KIRK. It is based on the strength of the Army. That total is nine-tenths of 1 per thousand strength.

Mr. VINSON. Nine-tenths of 1 percent?

General KIRK. Yes, sir—nine-tenths of 1 per thousand of Army strength. In the bill it calls for 1 chief in the grade of colonel, 3 chiefs of 3 sections in the grade of lieutenant colonel, a small number of majors, and a total Women's Corps of 385—total initial strength of those 3 corps.

Mr. VINSON. Now this group will become officers and enlisted personnel in the Regular Army?

General KIRK. They will all be officers.

Mr. VINSON. All officers. Now the lowest rank is that of lieutenant, is it?

General KIRK. Second lieutenant, sir.

Mr. VINSON. Second lieutenant, and the highest rank is that of colonel?

General KIRK. Yes, sir. There will only be 3 colonels, 3 lieutenant colonels, and all the rest will be in the grade of captain, except, I think, 24 majors.

Mr. VINSON. And, then, of course, all the other laws with reference to regular officers applies to them?

General KIRK. That is right, in every phase.

Mr. VINSON. And they are promoted on the same basis as the nurses?

General KIRK. Yes. Their qualifications for entrance are rather stringent.

Mr. VINSON. The bill, therefore, carries out three different organizations, the Nurse Corps, the Women's Medical Specialist Corps, and the Medical Service Corps?

General KIRK. That is correct, sir.

Mr. VINSON. You say the Medical Service Corps is made up exclusively of males?

General KIRK. Yes, sir.

Mr. VINSON. I wish you would give me the information as to the strength you contemplate of the Medical Service Corps. It is made up of the pharmacists section and the medical allied sciences section. Now what is the allied sciences section?

General KIRK. That is the group of men who are chemical engineers, bacteriologists, entomologists, and other scientific people.

Mr. VINSON. What will be the strength of this Medical Service Corps?

General KIRK. We are asking for three per thousand troop strength.

Mr. VINSON. General, is that based upon the authorized enlistment or the actual enlistment?

General KIRK. Authorized.

Mr. VINSON. Authorized. Do you not think it should be based on the actual enlistment?

General KIRK. You will never be anywhere; you will be doing this way. You cannot do it that way.

Mr. VINSON. It has to be on the authorized?

General KIRK. Yes, sir.

Mr. VINSON. Is not the Navy Nurse Corps based on the actual enlistment?

Admiral SWANSON. The authorized strength—six per thousand.

Mr. VINSON. All right. What will be the strength of this Medical Service Corps?

General KIRK. We are asking at the moment for 1,600 officers.

Mr. VINSON. 1,600?

General KIRK. 1,650, under this 50,000 limit.

Mr. VINSON. 1,650 officers. And then in the specialty corps there will be 1,050—the Women's Specialist Corps?

General KIRK. No.

Mr. VINSON. 400 and 250?

Colonel BLANCHFIELD. 385.

Mr. VINSON. Just 385?

General KIRK. In that Specialist Corps, as a minimum. They run only nine per thousand troops.

Mr. VINSON. What will be the strength of your Nurse Corps?

General KIRK. The minimum strength is 2,500.

Mr. VINSON. 2,500?

General KIRK. And that is based on six per thousand authorized strength, similar to the Navy. This is the minimum strength, because we do not know what the strength of the Army is. There is no authorized number.

Mr. VINSON. No. I understand that. All your nurses will be commissioned officers?

General KIRK. Yes, sir.

Mr. VINSON. How many of your Specialist Corps will be commissioned officers, all of them?

General KIRK. Yes, sir.

Mr. VINSON. All of your Medical Service Corps are officers?

General KIRK. Yes, sir.

Mr. VINSON. All will be officers in the Regular Establishment?

General KIRK. Yes, sir.

Mr. VINSON. And all the benefits and perquisites and laws applicable to Regular officers apply equally to them?

General KIRK. Yes, sir. The nurses in the Army Women's Specialist Corps are not included in the total authorized Army strength. That is officer strength.

Mr. VINSON. Will these three groups be added into the total number of line officers of the Regular Army, or will they be just in this?

General KIRK. The Medical Service Corps will. The men will. The females will not.

Mr. VINSON. The Medical Service Corps of 1,600 will be on the side and not included in the 50,000?

General KIRK. It will be included in the 50,000.

Mr. VINSON. It will be included within; the other two groups will not be included?

General KIRK. That is correct, sir.

Mr. RIVERS. May I ask this —

Mrs. SMITH. Any further questions, Mr. Vinson?

Mr. VINSON. No, Madam Chairman.

Mrs. SMITH. Mr. Andrews?

Mr. ANDREWS. I have no questions.

Mr. BATES. Following Mr. Vinson's inquiry, General, with respect to all the classifications you mentioned that you say will be commissioned officers, are there any of those classifications now that are not commissioned officers?

General KIRK. Yes; there are a few occupational therapists that are presently serving as civilians and served during the war as civilians. All of the others are commissioned.

Mr. BATES. There is no enlisted personnel in those classifications today who are not officers; is that right?

General KIRK. That is correct, sir.

Mr. BATES. It will not elevate the enlisted personnel under this bill to a commissioned status?

General KIRK. No, sir.

Mr. BATES. I note here, General, that your organizational set-up of dietitians and therapists altogether will be about 1,025 - 400 dietitians, 225 occupational therapists, and 400 physical therapists.

General KIRK. That is on duty today, sir. That is not the strength of the corps. Those are the people in the Army of the United States on duty today.

Mr. BATES. Well, based on an army of a million men, and that is about the estimate of what will be the authorized strength of the Army, as we understand; is that right?

General KIRK. Yes, sir.

Mr. BATES. What are the figures in those classifications that will relate to that million authorized strength?

General KIRK. 963.

Mr. BATES. 963. So the ratio in time of peace to the total enlisted strength of the Army will be much greater than it was during the war. According to your own figures, we had 3,500 during the war, with 8,000,000 men.

General KIRK. We could not get them during the war. We had to set up schools. We could not get them. We were continuously short, as we were short of lots of other things.

Mr. BATES. I suppose you were. I wanted to bring that out, as to whether or not you were amply provided with those.

General KIRK. We were not, sir, and we are not today.

Mr. BATES. Is that estimate of 6,000 nurses based on an enlisted strength of 6,000,000 men?

General KIRK. No. We would have nurses at the rate of six per thousand Army strength.

Mr. BATES. That is authorized in this bill?

General KIRK. Yes, sir.

Mr. BATES. That will be about 6,000 nurses?

General KIRK. Yes, sir.

Mr. BATES. So for about 6,000 nurses, you want one of these specialists to every 6 nurses?

General KIRK. That is correct, over and above the current strength. They do a different job than the nurse.

Mr. BATES. What?

General KIRK. They do a different job than the nurse.

Mr. VINSON. May I ask one question?

Mrs. SMITH. Mr. Andrews, do you have any questions?

Mr. ANDREWS. I will yield to Mr. Vinson.

Mr. VINSON. General, can you advise me as to the total strength of the Medical Department of the War Department?

General KIRK. Right now?

Mr. VINSON. Yes. I mean in peacetime, based upon 50,000 officers of the Army.

General KIRK. Well, in that 50,000——

Mr. VINSON. How many of the 50,000 will you get as officers for the Medical Department?

General KIRK. I do not know that I can give that figure.

General SWIFT. I do not remember what it is exactly.

General KIRK. As I remember offhand, it is supposed to be a secret figure.

Mr. VINSON. Well, do not give it then.

General KIRK. It is around 3,000 medical officers, around a thousand in this Medical Service Corps, I think around nine-hundred-and-some-odd dental officers, and around 250 veterinarians. The nurses do not come in that, because they are not in the 50,000 officers.

Mr. VINSON. Let us take the figures: 3,000 medical officers——

General KIRK. Pardon me. That is in this 50,000 allotment. That is not enough officers to officer a million men. They are reserves. They would have to be on extended duty. There are a million seven hundred thousand men. That is the authorization of Regulars and Reserve. That requires 6,750 officers, exclusive of the nurses and this Specialist Corps.

Mr. VINSON. You make that up by calling reserves to actual duty?

General KIRK. If you can get them.

Mr. VINSON. If you have only a regular establishment of 3,000 Regular officers in the Medical Department, and 1,600 of them are in the Medical Service Corps—

General KIRK. That is additional to the 3,000.

Mr. VINSON. I know, but does that not make that 1,600 out of proportion? What does the Medical Service Corps do? It does administrative work?

General KIRK. I showed you what happened during the war. We had 43,000 medical officers on extended duty—45,000, in fact—45,000 doctors. We had 22,000 of this same type of assistants. These men become adjutants, mess officers, executive officers, pharmacist officers, supply officers. This same group supplied the bacteriologists in the hospitals to save a doctor's time and did the chemistry in the laboratory to save a doctor's time. In the field they commanded ambulance companies and did many other jobs in combat. In fact, the ordinary battalion surgeon was one of these men.

Mr. VINSON. I find no fault with the situation in wartime. However, this is a peacetime bill, based upon the peacetime strength of the Army, which has not been fixed by Congress.

General KIRK. Yes, sir.

Mr. VINSON. But we have gone far enough that the Congress has said there will be 50,000 Regular officers. If you have a larger Army than 50,000 can command, you will have to draw on your reservists for active duty. Now, with the Medical Department being staffed by only 3,000 Regular officers—and of course we hope to be able to get rid of the reservists and have a regular establishment in peacetime and not call on reservists, because there is some law which provides that you can only call on reservists in case of a national emergency: let us assume that there was no national emergency and you cannot call on your reservists. You have a Medical Department of 3,000 officers; and, in addition to that 3,000 officers, you have 1,600 administrative officers classified in the Medical Service Corps. It runs through my mind that probably the Medical Service Corps is a little overstaffed in proportion to your 3,000 officers. You have 1 administrative for every 2 doctors.

General KIRK. I think it is, and I think that figure is not firm. The War Department is going to give us a cut of our number in that 50,000 officers, and you can be assured G-1 is not going to give us any more people than we should have to handle our job.

Mr. VINSON. I am aware of that fact, because if they do, they will be taking away from themselves, and they will watch out for No. 1 first. The Secretary has the authority under the bill to determine the strength of the Medical Corps.

General KIRK. Anytime he can cut it or increase it, sir.

Mr. VINSON. That is all.

Mrs. SMITH. Mr. Andrews?

Mr. ANDREWS. My understanding of the situation is that when we authorized the increase from sixteen thousand-odd to twenty-five thousand-odd, it amounted to 8,000 new officers in the Regular Army, and in that increment I believe approximately half went to the Air Corps and half to the Ground Forces; is not that correct?

General KIRK. That is approximately right.

Mr. ANDREWS. The Medical Corps actually got very few Regular officerships out of that increment?

General KIRK. Very few. We could not get them to come in.

Mr. ANDREWS. The increase in officers from 25,000 up to 50,000, I presume, will take care of the Army as it will be set up July 1st—1,070,000?

General KIRK. Yes, sir.

Mr. ANDREWS. That increase of 25,000, I understand, is not all to be accomplished at one time. They will take in a thousand or fifteen hundred at a time as they have opportunity to process them for the various departments?

General KIRK. Yes, sir.

Mr. ANDREWS. Do you know in the War Department how many of that 25,000 increase are coming into the Medical Department?

General KIRK. Well, we know this—up until now in this second increment we have had 8 doctors apply that we have commissioned. We know taking the first 25 000 officers that we could have taken in 500, but only 200 qualified. Of those, 35 percent refused commissions, so our take was 150. We are not getting doctors at all. We are able to recruit for this Medical Service Corps. We have done very well, but not for doctors.

Mr. ANDREWS. I realize that your installations in the Army and in the Navy are two different matters, because of the vicissitudes of service. But what would you say, in the rough, if you had to make a guess on Information Please, is your hospital load?

General KIRK. I have it right here, sir. I can tell you exactly.

Mr. ANDREWS. I do not mean with troops.

General KIRK. I have it right here with me. This is the report of the 24th of January. There were in the hospitals in the United States on the 24th of January, 45,090 patients. There were in hospitals overseas, 14,000 patients. That is our total Army hospital load today.

Mr. ANDREWS. About 60,000?

General KIRK. Yes, sir. And in that there are still 6,700 battle casualties, and another 8,500 of nonbattle injured, and some of them are hurt just as badly as those who were in battle. That is our world-wide hospital load as of the report of January 24.

Mr. ANDREWS. I thank you. If it is proper at this point, I would like to have the Navy give us the figures on their hospital load.

Admiral SWANSON. Our hospital load now is about 22,500.

Mr. ANDREWS. Is what?

Admiral SWANSON. 22,500.

Mr. ANDREWS. 22,500?

Admiral SWANSON. That is correct, sir.

Mr. ANDREWS. Is that everywhere?

Admiral SWANSON. Every place throughout the world.

Mr. ANDREWS. Throughout the world?

Admiral SWANSON. Yes, sir.

Mr. ANDREWS. Thank you. That is all I have.

Mrs. SMITH. Mr. Rivers, do you have any questions?

Mr. RIVERS. I would like to follow Mr. Andrews' thought. Of the 59,000 at home and abroad, 45,000 at home and 14,000 abroad, are those 6,700 battle casualties and 8,500 nonbattle included?

General KIRK. Those are included in the 59,000.

Mr. RIVERS. Thank you.

Mr. BATES. What is the enlisted strength of the Army today, General?

General SWIFT. Enlisted strength of the Army today?

Mr. BATES. Today.

General SWIFT. Approximately a million men.

Mr. BATES. And the Navy about 400,000?

Admiral SWANSON. The authorized strength of the Navy is 500,000 enlisted, with 100,000 enlisted marines.

Mr. BATES. About 600,000 altogether?

Admiral SWANSON. That is correct.

Mrs. SMITH. Mr. Gavin, do you have any questions?

Mr. GAVIN. General Kirk, you started in to explain to us the difference between the Army and the Navy in recruiting the personnel for these specialized services. I wish you would enlarge on that.

General KIRK. You were speaking, I think, about the Army Women's Specialist Corps.

Mr. GAVIN. With the shortage of nurses, you stated you take them from civilian life, while the Navy educates the nurses that they have in specialized services.

General KIRK. No, sir. The Navy and the Army both procure their nurses from civil life.

Mr. GAVIN. I understood the Navy took a nurse and then trained her as a physical therapist, and so forth.

General KIRK. As to physical therapists, that is true. As far as the specialists are concerned, the admiral can answer that. We do not use our nurses as dietitians, physical therapists, or occupational therapists. We recruit them from a different group that are trained in civil life. Admiral Swanson can tell you better than I as to what is done in his service.

Admiral SWANSON. We predicate our need of dietitians, physical therapists, and occupational therapists on the number of hospitals we have. That is our base line. We feel we need two dietitians for each hospital, two physical therapists for each hospital and one occupational therapist for each hospital. That is the base line on which we judge need.

Mr. GAVIN. Will you take nurses and train them if they are available in civilian life?

Admiral SWANSON. Some of the nurses have already been trained in these specialties. If we find a need, for instance, for a dietitian; we send a nurse to the George Washington University for 9 months, and she becomes a full-fledged dietitian.

Mr. ANDREWS. General Kirk, you have close contact with the civilian medical corps all over the United States. How do you estimate the reaction of the civilian medical field to your proposal?

General KIRK. This Nurse Corps?

Mr. ANDREWS. Yes.

General KIRK. It is favorable. All the doctors I have talked with--and I have talked with a lot--feel that the nurses did a splendid job in the war. Many of the State institutions do not pay them enough money, and that is why they do not get them. They are delighted to see something like this happen to the nurses in the Army. I do not believe they have the feeling that we are taking them away from them. We did during the war. The small number of nurses the Army needs is minimal as compared with the number of nurses trained each year at home.

Mrs. SMITH. For the record, I have a letter from Capt. Katharine J. Densford, registered nurse, president of the American Nurses' Association, endorsing the proposal we are considering this morning. I should like to have it incorporated in the record at this point. (The letter referred to follows:)

AMERICAN NURSES' ASSOCIATION, INC.,
New York 19, N. Y., February 6, 1947.

Mrs. MARGARET SMITH,
Old House Office Building, Washington, D. C.

DEAR MRS. SMITH: The legislative representative of the American Nurses' Association has informed me that the committee is holding hearings on legislation providing for reorganization of the Army and Navy Nurse Corps.

The American Nurses' Association, with a membership of approximately 175,000 graduate registered nurses residing in every State in the Union (including Puerto Rico and Hawaii), wishes to go on record as heartily endorsing this legislation.

As president of this association, may I say that we are especially interested in this legislation and wish very much that men nurses might be included in it.

Thousands of members of the American Nurses' Association served with the armed forces, and we are proud of the fact that a draft of nurses was unnecessary, because nurses of the United States met all quotas set by the War Department.

The American Nurses' Association Professional Counseling and Placement Service, Inc. (branches located in all parts of the United States), is authorized by contract with the Veterans' Administration to render service in connection with the counseling under Public Laws 16 and 346 of men and women veterans who have served as nurses in the military or naval services, or who are interested in taking training to become nurses. From our counseling services throughout the country we understand that many ex-service nurses are interested in this reorganization legislation. We believe they would be favorably inclined toward enrollment in the Army and Navy Nurse Corps if such legislation were enacted.

With deep appreciation for your interest,

Very sincerely yours,

KATHARINE J. DENSFORD, R. N.,
President.

Mrs. SMITH. General Kirk, there does not seem to be any controversy concerning the Nurse Corps bills. There does seem to be some controversy over title I, the general medical service part of the bill that we are hearing. With the urgency of nurse legislation, wouldn't it be better to separate the two titles of H. R. 1673? Will not inclusion of the medical service cause delay that will be detrimental to the service?

General KIRK. If it is necessary that this delay occur, I am sure it would. I presume it will depend upon what the committee wants to hear as to how much delay will be occasioned.

Mrs. SMITH. There are a number of people to be heard on the Medical Services Corps, and of course everyone must be given a chance who has anything to contribute. Would you object to combining the Nurse Corps of the Army and the Nurse Corps of the Navy, making one bill? If this can be done we would introduce a separate bill covering the Medical Services Corps.

General KIRK. If that meets the desire of the committee, I will be very glad to do so. I hope it will not delay it and require that a new bill be written and printed.

Mrs. SMITH. The Chair feels that perhaps we could have one bill covering the legislation for nurses—one bill with title I and title II—and expedite the matter.

General KIRK. Very well. Your thought would be to strike out title I of H. R. 1673 and only deal with title II of H. R. 1673?

Mrs. SMITH. That is right; bringing the two bills out as one bill, making the provisions as nearly alike as we can.

General KIRK. Then title I would relate to the Army, and title II would relate to the Navy, or vice versa?

Mrs. SMITH. That is correct. The Navy bill came to the committee first, so it will probably be in order to make it title I; the Army bill, title II.

General KIRK. Then it would be one bill, but it will be entirely separate as to the Nurse Corps in the Navy and separate from certain services in the Army?

Mrs. SMITH. That is right. We would bring in the rest of H. R. 1673 as another bill, on which we can hold extended hearings.

Mr. VINSON. Is there any objection to the consolidation of various medical services in the War Department to be known as the Medical Service Corps? Who wants to be heard on that?

General SWIFT. I did not understand your question. You were asking a question?

Mr. VINSON. I am just talking, asking anybody to answer it.

Mrs. SMITH. It is the thought of the Chair that we read the bill section by section and amend it. As I stated yesterday, we shall not act on either bill until we have finished with both. If it is thought best by the committee to bring the two bills together as titles I and II and make it one bill, it would expedite the nurses legislation and not delay for further hearings which we must have on title I of the bill.

Mr. VINSON. We might take up the matter in connection with the hearing on the counterpart bill, 1361, establishing a Navy Medical Administrator—a bill of that nature.

Mrs. SMITH. That is correct; try to bring those together in a similar manner and have more uniformity between the services.

Mr. VINSON. They would be in line with each other, because this bill, the Medical Service Corps, and 1361 are somewhat counterpart and have some relationship to each other. Is that correct?

General KIRK. That is correct, and I think that is very excellent to so plan.

Mr. DURHAM. General, you have not drawn up legislation on doctors and dentists?

General SWIFT. No, sir.

Mr. DURHAM. I understood you were going to make some change on that and have legislation that would combine the doctors in the Army and the Navy in one section of the bill.

General SWIFT. The proposal which we will submit with reference to doctors would affect the Army, the Navy, and Public Health.

Mr. VINSON. Madam Chairman, if that seems to be your mind, let us deal with title II of the Army bill, and the Navy Nurse Corps, and later on take up title I of H. R. 1673 and deal with it when we take up H. R. 1361.

Mrs. SMITH. Do you wish to make a motion to that effect at this time?

Mr. VINSON. I do not want to make any motion until it meets with everybody's approval.

Mr. DURHAM. I think we should have an executive session on that.

Mrs. SMITH. Do you want to act on that now, Mr. Vinson?

Mr. VINSON. We will never get through if we have an executive session. Let us get it over with. Then I suggest that, in the interest of time, we go to the reading of the bill. And that question addresses itself to the judgment of the committee, if we are going to read the bill section by section and see if we have any amendments to offer. And we will get through.

Mrs. SMITH. Are there any further questions? We will proceed to the reading of the bill. We have Representative Bolton, of Ohio, who introduced H. R. 1673. Mrs. Bolton, do you have any statement or any questions?

Mrs. BOLTON. I appreciate the courtesy of the committee, Madam Chairman. I very much appreciate the privilege of coming this morning and adding somewhat, perhaps more in the matter of questions than in any other way.

I am exceedingly happy over the suggestion that the two Nurse Corps will be considered in one bill under two separate titles.

I want to call your attention to the fact that the Women's Medical Specialists Corps is included as a part of the nurses' bill. I just hope you will study it most carefully to see whether that can be just a separate title to the nurses' bill, or whether that should be considered as the medical specialists' group and perhaps have a bill of its own. I do not know what your considerations might bring.

Just because they are women is no reason necessarily to dump them in together, because I think it would depend a great deal more on the work that they do. The consideration given in the matter of bills would be concerned mostly with the work they do, rather than any fact of sex.

I think that the whole situation is clearing most beautifully, in my mind, because of the understanding that the committee membership has, and the tremendous advance in point of view on the part of the medical services of both the Army and the Navy. Their attitude toward the whole situation has moved forward in leaps and bounds, and will make possible a cooperation and a general raising of not only the general standards but of administration. It is the administrative part of the Women's Medical Corps that I hope you will consider. It would have to be quite separate in title, but I hope you will give it very serious consideration. I do not believe I have anything else.

Mrs. SMITH. Thank you, Mrs. Bolton. Are there any further questions by any member of the committee?

Mr. BATES. I would like to ask Admiral Swanson if he will prepare the same information for the Navy in relation to the counterpart organizations in the Army bill, as compared with the Navy bill—rank, period of service, benefits, retirement, everything else—so we will have a composite picture of a standardized program, or what ought to be a standardized program, for both branches of the service.

The only question involved here is one of numbers. If the Army has a million men and the Navy has 500,000 and 100,000 in the Marine Corps, there is no reason why we should have a different type of organization so far as rank, service, or even the administrative set-up is concerned. It ought to be identical in every way, one with the other, except, as I say, numbers. If there is any reason why it should not be that way, we would like to know.

(The matter referred to is as follows:)

EXHIBIT E

Comparison of Navy (H. R. 1373) and Army (H. R. 1673) Nurse Corps bills in permanent commissioned rank

NAVY NURSE CORPS

SIZE

1. Four per 1,000 total Navy and Marine Corps strength, or 2,460.

ARMY NURSE CORPS

SIZE

1. Six per 1,000 total Army strength, but never below minimum of 2,500 captains to second lieutenants, plus 58 majors and lieutenant colonels, or 2,558.

Allowance for expansion: For each 500 Nurse Corps members above minimum of 2,558, there are to be 1 additional lieutenant colonel and 2 majors.

2. In addition:

(1) Dietitian Corps: 0.35 of 1 member per 1,000 total Army strength, but minimum of 1 lieutenant colonel, 7 majors, and 150 captains to second lieutenants.

(2) Physical Therapist Corps: 0.3 of 1 member per 1,000 total Army strength, but minimum of 1 lieutenant colonel, 7 majors, and 128 captains to second lieutenants.

(3) Occupational Therapist Corps: 0.25 of 1 member per 1,000 total Army strength, but minimum of 1 lieutenant colonel, 7 majors, and 107 captains to second lieutenants.

Total minimum Army Nurse Corps strength is therefore 2,967, and there is allowance for expansion.

AGE

1. Twenty-two to thirty. (No provision made for those up to age 38, who served in present war and physically and otherwise qualified for Regular.)

AGE

1. Twenty-one to twenty-six. (Special provision that commissions may be granted up to age 34 for members who have served in present war and physically and otherwise qualified for Regular.)

OTHER QUALIFICATIONS FOR ADMISSION

1. Mental, moral, educational, professional, and physical qualifications to satisfaction of Secretary of the Navy.

2. No mention as to unmarried state.

OTHER QUALIFICATIONS FOR ADMISSION

1. Graduates of hospital or university training schools are registered nurses and possessing physical and other qualifications prescribed by Secretary of War.

2. No mention as to unmarried state.

RANGE OF PERMANENT RANK

1. Commander through ensign. (One to be given temporary rank of captain while serving as director.)

2. All new members to be commissioned as ensigns.

RANGE OF PERMANENT RANK

1. Lieutenant colonel through second lieutenant. (One to be given temporary rank of colonel while serving as director.)

2. All original appointments in grade of second lieutenant.

Comparison of Navy (H. R. 1373) and Army (H. R. 1673) Nurse Corps bills for permanent commissioned rank—Continued

NUMBERS IN PERMANENT RANKS

1. Not more than five commanders at any one time. (Numbers in other ranks not specified.)

NUMBERS IN PERMANENT RANKS

1. Eighteen lieutenant colonels, 40 majors, 2,500 captains to second lieutenants. (NOTE.—This in addition to numbers in other corps. Also, for each 500 additional Nurse Corps members authorized above minimum, 1 additional lieutenant colonel and 2 majors.)

AUTHORITY

1. In medical and sanitary matters and all work within scope of their professional duties, next after Medical and Dental Corps officers. To exercise such military authority as may be prescribed by Secretary of the Navy from time to time.

AUTHORITY

1. For Army Nurse Corps, Dietitian, Physical Therapist, and Occupational Therapist Corps, to perform such services as may be prescribed by Secretary of War.

2. Relative rank among officers of above groups of corps and between them and commissioned officers of Regular Army, to be determined in manner now or hereafter prescribed by law for determination of relative rank among other commissioned officers of Regular Army. Officers of each corps may command only within respective corps.

PAY

1. All provisions for pay and allowances relating to male officers apply to members of Nurse Corps.

PAY

1. Provisions the same.

These pay scales, rank for rank, are identical

2. Husband or child cannot be listed as dependent unless in fact dependent.

3. May be subsisted and quartered at naval hospitals under regulations which Secretary of the Navy may prescribe.

2. No mention as to this.

3. No specific mention as to this.

DIRECTOR

1. Director appointed by Secretary of the Navy on recommendation of Surgeon General, from active Nurse Corps officers, to have temporary rank, pay, and allowances of captain while so serving.

DIRECTOR

1. From among permanently commissioned officers of Nurse Corps, Secretary of War to appoint director; she to have temporary rank, pay, and allowance of colonel while so serving.

TERM OF DIRECTOR

1. Not to exceed 4 years.

TERM OF DIRECTOR

1. To serve during pleasure of Secretary of War.

Comparison of Navy (H. R. 1373) and Army (H. R. 1673) Nurse Corps bills for permanent commissioned rank—Continued

PROMOTION

1. All on active list of existing Nurse Corps on effective date of this bill to be transferred to Nurse Corps created by this bill and be appointed for temporary service pursuant to section 3 of act of July 24, 1941, with same rank and seniority held by them on date of transfer. Secretary of the Navy then to appoint board of at least three naval officers to assign running mates to Nurse Corps officers transferred; they to take on rank of running mates.

2. Selection boards:

(1) Convening of—

For commander: Only if vacancy exists or there is to be one in next 12 months. (No provision to this effect for lieutenant commanders and lieutenants.)

(2) Size—

For commander: Not less than six or more than nine officers of Medical Corps not below rank of captain.

For lieutenant commander and lieutenant: Not less than six or more than nine officers of Medical Corps above commander.

(NOTE.—Objection was made long ago by Nurse Corps to not having at least one Nurse Corps officer on above boards.)

RETIREMENT

1. All provisions relating to retirement of officers of Navy apply to Nurse Corps officers, except—

(1) Age: 55, mandatory for all above lieutenant commander; 50, mandatory for all lieutenant commanders and below. (Both age groups to be retired in permanent rank held at time of retirement.)

PROMOTION

1. All members of Army Nurse Corps, Dietitian, Physical Therapist and Occupational Therapist Corps, at present to be tendered commission; including those who served honorably in present war and who had not passed thirty-fourth birthday.

Appointments to second lieutenant, first lieutenant, and captain, on basis of time in service as prescribed for Regular officers. Majors (after 15 years in grade of captain) and lieutenant colonels (after at least 1 year as major) to be by selection.

Time in service to be determined by including all Federal military service or "a period of service determined constructively in accordance with regulations prescribed by Secretary of War." Also to include, if honorably separated from active military service subsequent to May 12, 1945, the period from date of discharge to date of present appointment.

All to pass such examinations as Secretary of War shall prescribe.

2. No specific selection boards named, but it is stated that examinations for promotion, named above, shall be held before a board of three officers designated by Secretary of War.

In case of failure to pass examination, Nurse Corps officer to continue on active duty for 1 year and then be reexamined by different board. Failure in reexamination to cause discharge from service.

RETIREMENT

1. Officer of Army Nurse Corps, Dietitian, Physical Therapist, and Occupational Therapist Corps, may retire after 20 years' active Federal service in armed forces.

(1) Age: 55, major and above, regardless of years' service, may be retired by Secretary of War; 50, all below major, regardless of years' service, may be retired by Secretary of War.

Comparison of Navy (H. R. 1373) and Army (H. R. 1673) Nurse Corps bills for permanent commissioned rank—Continued

RETIREMENT—continued

(2) Pay:

(a) Service retirement: $2\frac{1}{2}$ percent of active duty pay at time of retirement \times number of years of active service, not to exceed 75 percent of active duty pay. Fractional year of 6 months or more to be considered full year.

(b) Physical disability retirement: 75 percent of active duty pay in rank in which placed on retired list.

(c) For physical disability incurred in other than line of duty: $2\frac{1}{2}$ percent of active duty pay in rank in which placed on retired list \times number of years of active service, not to exceed 75 percent of active duty pay. Fractional year of 6 months or more to be considered full year.

(3) Officer retired while serving as director, if she has served $2\frac{1}{2}$ years or more as such, may be retired in rank held as director.

(4) Nurse Corps officer who served prior to July 1, 1946, in rank higher than permanent one, other than by virtue of being director, shall, when retired, if in lower rank, be advanced to highest rank in which she served satisfactorily, as determined by Secretary of the Navy.

(5) Computation of active-duty years: Total of all active service under appointment or contract or as commissioned officer in Nurse Corps of Army or Navy, or their Reserve components.

2. Retired Nurse Corps officers may bear title and wear uniform of rank in which retired.

RESERVE SECTIONS

1. Nurse Corps Reserve hereby established as branch of Naval Reserve administered in all respects as the Volunteer Reserve.

(1) Reserve members to be commissioned in ranks corresponding to those of Regular Corps by Surgeon General with approval of Secretary of the Navy. Authority of Reserve nurses same as Regular.

RETIREMENT—continued

(2) Pay:

Service retirement: 20 years at own request; same as Navy Nurse Corps mandatory service retirement in all aspects.

If retired by Secretary of War, as noted above, at age 50 or 55, pay shall be 3 percent of base and longevity pay in grade received at time of retirement.

Physical disability retirement: No specific mention as to this.

(3) Director of each corps retired in rank while so serving if she has so served 4 years or more. However, the first directors of each corps shall be retired at their ranks as directors no matter how long they served as directors.

(4) Eligibility for retirement and percent of active duty pay: Each commissioned Navy Corps officer, under act, is deemed to have at least same length continuous active commissioned service as any officer junior to her in Medical Department, Regular Army.

(5) Computation active duty years: Except for determination of grade and right to promotion, all active duty in Army Nurse Corps and Navy Nurse Corps, pursuant to act of December 22, 1942, and to act of June 22, 1944.

RESERVE SECTIONS

1. Army Nurse Corps, Dietitian, Physical Therapist, Occupational Therapist Corps Sections hereby established in Officers' Reserve Corps Section of Army of United States.

(1) All laws and regulations applicable to commissioned officers of Officers' Reserve Corps to be applicable to above groups.

Comparison of Navy (H. R. 1373) and Army (H. R. 1673) Nurse Corps bills for permanent commissioned rank—Continued

RESERVE SECTIONS—continued

(2) Composition: Members with professional and other qualifications as prescribed by Secretary of Navy. (No age limits set up here.).

(3) Nurses of Volunteer Reserve hereby transferred to Nurse Corps Reserve in such permanent ranks as Secretary of the Navy may determine, and temporary ranks shall not be vacated by transfer. Accrued leave may be taken without loss of pay and allowances.

(4) All provisions of law relating to transfer of Naval Reserve officers to Regular Navy to be construed to include Navy Nurse Corps Reserve officers.

(5) No specific mention of when Reserve officers shall be called to active duty.

(6) Oaths need not be renewed in transfer.

Mr. RIVERS. Madam Chairman, I would like to ask General Swift, since it was referred to him, about the proposal of the War Department to bring in a bill affecting both the Army and Navy with respect to doctors and dentists.

General SWIFT. We have a plan which we will submit to the Congress affecting Army doctors. As drawn, it will affect Army doctors. It will automatically affect doctors of the Army, Navy, and Public Health Service, for the simple reason that now the pay of Army officers, whether they be doctors or otherwise, is the same as all other officers in the Army, the Navy, the Coast Guard, the Coast and Geodetic Survey, and the Public Health Service, and the Marine Corps. Those six services are paid under the same pay scale. Any time you ask for legislation affecting the pay of one of those services, you automatically affect the pay of all members of all of those services.

Mr. RIVERS. Your bill, then, primarily addresses itself to the pay of the respective services?

General SWIFT. Yes, sir.

Mr. RIVERS. And not the organic act giving them jurisdiction over one or the other?

General SWIFT. No. The bill we are asking for is with respect to the pay and allowances of Army doctors.

Mr. DURHAM. How about dentists?

General SWIFT. The medical people in the Army—

Mr. RIVERS. The old Naval Affairs Committee languished and brought forth a bill affecting the dentists of the Navy, and I do not know whether you have a counterpart to that in the Army or not.

RESERVE SECTIONS—continued

(2) Composition: Women of 21 or over, possessing physical and other qualifications prescribed by Secretary of War, appointments to be in grades and under regulations prescribed by Secretary of War.

(3) Officers appointed and serving in war pursuant to act of June 22, 1944, may, if qualified, be appointed in appropriate section in highest grade satisfactorily held by them in active service.

(4) Except as otherwise provided, all laws and regulations applicable to commissioned officers of the Officers' Reserve Corps shall be applicable to commissioned officers in the Army Nurse Corps, Dietitian, Physical Therapist, and Occupational Therapist Sections of the Officers' Reserve Corps.

(5) Reserve officers may be called to active duty by Secretary of War for periods of time according to needs of Military Establishment, determined by Secretary of War.

(6) No specific mention as to oaths.

General SWIFT. The dentists?

Mr. RIVERS. The bill which we enacted affected the dentists. We brought out a bill which set up a Dental Corps in the Army, an autonomous corps away from the dictation of the Medical, because we considered that a Dental Corps should have autonomy.

General SWIFT. We have a Dental Corps. It is not autonomous, but is under the Surgeon General of the Army.

Mr. RIVERS. So is the Navy's, but your dentists are under the Medical.

General SWIFT. No; the Dental Corps is not under the Medical. They are under the Surgeon General.

Mr. RIVERS. I just wanted to find out, because the Navy's is autonomous.

Mrs. SMITH. Mr. Vinson?

Mr. VINSON. Madam Chairman, it is 12 o'clock. The House is not in session. We have heard all the Department witnesses. I offer the suggestion that we take a recess until 1:30, and come back and read these bills and have them explained section by section, and have them open for amendments, so we can make some progress.

Mrs. SMITH. Will you withhold your motion for just a moment? There has been some question as to whether we shall go into closed session, or continue with the reading of the bill and amendments in open session. The Chair thinks that, unless there is some point affecting national security, it would be well to continue in open session. Is there any objection by members of the committee to continuing in open session?

Mr. BATES. Madam Chairman, just one other question. Should we not have the different classifications of pay in the various branches of the Government service? I think it would be very enlightening if we had those schedules that were enumerated yesterday, particularly in regard to pay in the various branches of civil service, running up as high as \$10,000.

I would like to have that scale of rates presented to the committee, so that we can see where that wide variation is.

General KIRK. The admiral has it with him. Would you mind his presenting that this afternoon?

(The matter referred to is as follows:)

3. Table of rates of pay and grades of nurses in the Veterans' Administration, Civil Service, and Public Health Service:

VETERANS' ADMINISTRATION

Staff nurse (per ratio): \$2,644.80 to \$3,397.20, junior grade.

Head nurse (1 per ward): \$3,397.20 to \$4,149.60, associate grade.

Instructor (1 at each hospital): \$3,397.20 to \$4,149.60, associate grade.

Educational director (at some hospitals): \$4,149.60 to \$4,902, full grade.

Supervisor (not all hospitals): \$3,397.20 to \$4,149.60, associate grade.

Assistant chief nurse, large hospital: \$4,149.60 to \$4,902, full grade.

Chief nurse, small hospital: \$4,149.60 to \$4,902, full grade.

Chief nurse, large hospital: \$4,902 to \$5,905.20, senior grade.

Assistant directors, specialists: \$5,905 to \$6,862.80.

Deputy director: \$7,980.

Director: \$9,120.

CIVIL SERVICE

General staff nurse: \$2,644 to \$3,271, P-1.
 Head nurse: \$3,397 to \$4,024, P-2.
 Supervisor: \$4,149 to \$4,776, P-3.
 Educational director or assistant to the director: \$4,902 to \$5,654, P-4.
 Directors in the Federal hospital nursing service: \$5,905 to \$6,862, P-5.
 Director of Federal service: \$7,102 to \$8,059, P-6.
 Grades P-7, \$8,179 to \$9,376, and P-8, \$9,975, to \$10,000, have not yet been set up in the nursing service.

UNITED STATES PUBLIC HEALTH SERVICE

The commissioned officers of the Public Health Nursing Service receive the same salaries as nurses in the Army and Navy.

Their civil-service nurses, comprising 900 of their total staff of 1,394, have two classifications at present. The staff nurse has a professional rating, while the senior nurse still retains a subprofessional rating. The salaries paid at present are:

Staff nurse (P-2): \$2,644.80 to \$3,397.20.
 Head nurse (SP-6): \$2,469.24.
 Assistant or acting assistant (SP-7): \$2,694.96.
 Chief nurse (SP-8): \$2,895.60.

Mrs. SMITH. You have heard Mr. Vinson's motion to recess until 1:30, at which time we will come back and start reading the Navy bill section by section, and amend it, hoping that during the afternoon we can finish with the two bills. Is that the pleasure of the committee?

Mr. DURHAM. That is with the understanding that title I of H. R. 1673 is not to be considered at the present time.

Mr. VINSON. I will move when we get to that to strike that out and then deal entirely with title II of the present bill of the War Department.

Mrs. SMITH. Do you second that, Mr. Durham?

Mr. DURHAM. I second it.

Mrs. SMITH. Without objection the committee will recess until 1:30 p. m.

(Thereupon, at 12:05 p. m. the hearing was recessed until 1:30 p. m.)

AFTERNOON SESSION

The subcommittee reconvened at 1:30 p. m., upon the expiration of the recess.

Mrs. SMITH. We will start reading H. R. 1373, section by section, amending it as we go along, asking for comments and explanations.

Captain Nunn, will you read for us, please?

Captain NUNN (reading):

H. R. 1373, a bill to reorganize the Nurse Corps of the Navy and of the Naval Reserve.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled. That a Nurse Corps, which shall be a component part of the Medical Department of the Navy, is hereby created and established as a staff corps of the United States Navy.

Mrs. SMITH. All that does is to create a new Nurse Corps, a permanent organization as a staff corps in the United States Navy; is that right?

Captain NUNN. That is correct.

Mrs. SMITH. There is no question about this section?

Captain NUNN. No, there is not.

Mrs. SMITH. Without objection section 1 of H. R. 1373 is approved as read.

Captain NUNN (reading):

SEC. 2. The Nurse Corps of the United States Navy shall consist of officers commissioned in the grade of nurse by the President, by and with the advice and consent of the Senate, and such officers shall have the rank of commander, lieutenant-commander, lieutenant, lieutenant (junior grade), or ensign: *Provided*, That there shall not be more than five nurses with the permanent rank of commander on the active list at any one time. The total authorized number of officers of the Nurse Corps shall be four for each thousand of the actual number of officers, midshipmen, and enlisted personnel of the active list of the Regular Navy and Regular Marine Corps. Computations to determine such authorized number shall be made on the effective date of this Act and on January 1 of each year thereafter, and the resulting number shall be held and considered as the authorized number until a subsequent computation is made. No officer of the Nurse Corps shall be separated from the active list as the result of any subsequent computation.

Mrs. SMITH. How does that differ from the Army bill, H. R. 1673?

General KIRK. Ours is computed on the authorized strength, which gives us something that is definite. If we have authorized strength it is better. If we have actual strength rather than authorized strength, the actual strength does not come up to the authorized strength and then there would be no promotions.

Mrs. SMITH. Admiral Swanson, do you have any comment? Could that be figured in percentages rather than specific figures? I believe you said this morning there would be no objection to it. What are your comments, Admiral?

Admiral SWANSON. The way we have it here is four for each thousand officers, midshipmen, and enlisted men of the Navy and Marine Corps. We have clearance from the Bureau of the Budget to increase from four for each thousand to six for each thousand.

Mrs. SMITH. Do you have an amendment to that effect?

Mr. VINSON. That does not answer the question of the chairman.

You see, that is your total number based on six for each thousand. That is the total. What she wanted to know, instead of designating a certain number being positive, you should say why it should not be on a percentage basis.

Why should it not be officer strength based on the same percentage?

Mrs. SMITH. There is uncertainty as to the strength of the services at the moment, is there not?

Admiral SWANSON. It would be six per thousand.

General KIRK. Of the total number of nurses, it is six per thousand of authorized strength. When it comes to the higher grades, above captain, we have asked for a number of 18 in grade of lieutenant colonel, which corresponds to the grade of commander, and 40 in the grade of lieutenant commander or major, and that is on the strength of 2,500 nurses. We believed we could reduce that to a fraction figure in those grades and carry it as a fraction of the total. It then would tell us how many lieutenant colonels and how many majors we would have in the Nurse Corps of the Army.

Mr. VINSON. This is my thought on the matter: It is far better to have a definite and certain arrangement that it cannot be but a certain number.

I believe it should be a statement to the effect, "There shall not be more than five nurses with a permanent grade of commander on active duty or on the active list at any one time."

I think it would be far better to have it written out in both bills. You can do it far better than you can on a percentage basis. You know exactly what is in the bill.

On a percentage basis, it fluctuates from time to time.

Mrs. SMITH. Should it not, Mr. Vinson, if we are going to change our personnel strength? There are times when we would not need the five, and there would be times when we would need more than the five.

Mr. VINSON. This is based on peacetime requirements. They know what the authorized strength of the forces will be.

It has not been definitely determined as far as the War Department is concerned. They know that under peacetime requirements they would have to have at least five nurses with the permanent rank of commander at one time, because they have assignments for each one of those officers to do, in their set-up. They know exactly what these officers would do.

I would say we should have everything positive and certain. You can then explain it to the House so much better.

The question I want to ask is this: Concerning this last line, "No officer of the Nurse Corps shall be separated from the active list as the result of any subsequent computation," you make your computation based on January 1, after this act goes into effect.

Now, it may so happen that you will not have as many men in years to come as you have now; notwithstanding the fact, you will have no way of getting rid of these officers that you do not need.

Admiral SWANSON. That would be taken care of by attrition and retirement.

Mr. VINSON. You are keeping them in there. If Congress cuts down your strength, you do not need that number. You can keep them in there anyhow.

No officer of the Nurse Corps shall be separated from the active list as the result of any subsequent computation.

When that takes place, and you do not need what you needed the previous year, they ought to go out.

Admiral SWANSON. I have no objection to the deletion of that sentence, sir.

General KIRK. The attrition rate in the Army in the Nurse Corps has been 8 percent per year. That many get out by resignation, death, or retirement.

Mr. VINSON. It is no way to get 8 percent out.

General KIRK. That is the normal attrition that happens. If this bill were left as it were, we would expect the Navy to have the same attrition as the Army, so they would lose 8 percent of their Nurse Corps automatically every year.

Mr. VINSON. There is nothing in this bill to have any attrition by subsequent calculation, except reaching 50 years of age.

Admiral SWANSON. In the last 10 years, the attrition in the Nurse Corps of the Navy has been 18 percent.

Mrs. SMITH. It was 8 percent in the Army?

General KIRK. That is peacetime, not war.

Admiral SWANSON. It is the period of the last 10 years for the Navy.

Captain DEWITT. That has been our experience in the last 10 years.

Colonel BLANCHFIELD. Our rate has been higher in the last 10 years, of course.

Mr. VINSON. I doubt whether your attrition is going to be quite as high with your new rate of pay.

Admiral SWANSON. The attrition has been 10 percent by marriage alone.

Mr. RIVERS. Does the Army have anything like this?

General KIRK. Ours is on authorized strength and not on actual strength.

Mr. VINSON. You see, there is a great difference between making your calculation on authorized and actual strength. You make your calculation on the total number or the actual number in the service and not on the authorized.

You make this on a different basis with your officers. Your officer strength in the Navy is calculated on the authorized enlisted strength of the Navy, is that not correct, Captain Nunn?

Captain NUNN. Yes, sir.

For ease of administration, this should be on the authorized strength.

Mr. VINSON. They both should be on the authorized strength, because then you do not have the flexibility that you have in here.

Captain NUNN. It is definitely certain that it will be such and it is fixed by Congress.

Mr. RIVERS. I move that the bill be so amended to make it consistent with the Army's, which is the authorized strength.

Mr. VINSON. When you make it consistent with the number of officers you have on the line in the Navy, as based on the authorized actual limit of enlistments, it is much better.

Captain NUNN. Beginning with line 2 and page 2, the sentence to be changed is:

The total authorized number of officers of the Nurse Corps shall be four for each thousand of the—

substitute "authorized" for "actual"—

number of officers, midshipmen, and enlisted personnel of the active list of the Regular Navy and Regular Marine Corps.

Mrs. SMITH. Is there any other change in connection with that specific item?

Captain NUNN. Madam Chairman, I would like to suggest that, in line 3 on page 2, the word "four" be stricken and the word "six" be substituted.

Mrs. SMITH. The motion is to strike out "actual number" in line 4 and substitute the words "authorized number."

You made that motion, Mr. Rivers?

Mr. RIVERS. Yes, I did.

Mr. VINSON. I second the motion.

Mrs. SMITH. It has been moved and seconded that the amendment as read be adopted. All in favor signify by saying "Aye." Opposed, "No." The motion is carried.

We will go to the next amendment, which is to change "four" to "six" in line 3 on page 2.

Mr. RIVERS. I move it be changed from "four" to "six."

Mr. VINSON. When they submitted this bill to the Bureau of the Budget, and when they made their calculations, when they had the over-all picture, they determined that four was sufficient. They are now running true to form.

The Army comes up and says that they need, after making a survey, six.

The Navy then comes in and says, "If you are going to have six, we are going to have six."

It is just like the Marine Corps coming in here, and when the Navy has six or seven and the Marine Corps has two or three, they say, "We have to have the same as the Navy."

Is there any other justification? What is your justification? Why did you ask for four and now you come in and ask for six?

Admiral SWANSON. This bill had been written prior to my advent into office.

When I made my presentation to the Bureau of the Budget I requested that this four be changed to six, which was subsequently granted.

Mrs. SMITH. Is it not true, Admiral Swanson, that the number of Navy nurses includes the dietitians, and so forth, that the Army has a separate corps for?

Admiral SWANSON. That is correct.

Mrs. SMITH. Therefore, even now the Navy is not getting the same number that the Army gets per thousand.

Mr. VINSON. My point is this: They come in for four, they are perfectly satisfied with four, they have never heard six raised, and it was not raised in the admiral's first statement, and it had not been in this hearing until General Kirk came along. He said from his examination he needs six.

Now, we must just keep along. Let us not start off, because one service has to have it, the other service has to have it, unless there is some justification.

What is the justification?

Admiral SWANSON. The justification for this is the care of dependents. That is authorized by law. The dependents of enlisted and officer personnel in our naval hospitals.

At the present time we have about 1,900 dependent patients in our naval hospitals. In order to give them the proper nursing care, we must have more nurses.

Mr. DURHAM. Based on the civilian requirements in the civilian hospitals throughout the country, how does your system compare?

General KIRK. Our standards are based on the experience in 40 years of hospitalization. We have always run this rate in the Army. The civilian standard is way above that, sir.

I have some figures to show the number of nurses there are in a group of hospitals in the United States. They run 3 nurses to each 10 patients.

Ours is 1 nurse to each 10 patients.

We would like to show you what it means when they are distributed throughout the hospitals on day and night duty. You will see how many nurses there are available for the patients. There is not 1 nurse for each 10 patients.

Mr. DURHAM. In other words, yours is far below the civilian standard?

Mr. VINSON. The Navy might be clearly justified in asking for six, but I do not want this opportunity to get by without making some comments on the fact that they ought to have said six when they first came in.

Mrs. SMITH. General Kirk, would you tell us what you have in that chart?

General KIRK. Colonel Blanchfield can give you a description of that better than I.

Colonel BLANCHFIELD. I will leave these charts with the chairman, in order that they may be examined by the committee.

Mrs. SMITH. The charts will be included in the record at this point. (The charts referred to are on file with the committee.)

Mrs. SMITH. The Navy has quite a program for caring for dependents. I saw this in the beginning stages at the San Diego Hospital. General Kirk, will you tell us what the Army does for its dependents?

General KIRK. We take care of dependents, but we do not have authorization by direct act of Congress.

We did take care of our dependents during peacetime. We have not been able, during the war period. We just could not provide services for an army of 8,000,000.

Mrs. SMITH. You have been doing it by regulation instead of law?

General KIRK. It says in one place that a doctor or a contract surgeon may give treatment to patients when he can and when his services are available. Under that the Army has always given dependent care within their availability of beds and personnel to give that care.

Mr. SMITH. You did not care for dependents through the war, while the Navy did. Is that true?

General KIRK. We cannot say that we did. We did it to a certain extent, but we had to limit it. There was a directive out that there would be no more facilities set up for dependent care than existed at the time the war began. Actually, there were some. All during the war, there were 100 women that were delivered of babies each month at Walter Reed Hospital. That happened at many other hospitals. That was not all the women that applied to have their babies. They could not all be taken into Walter Reed.

Out-patient service we give to all of Washington right now.

Mrs. SMITH. Admiral Swanson, will you supply for the record, if you please, the hospitals where dependents can go in the Navy, where they are cared for, and the number at the present time?

Admiral SWANSON. Yes, Madam Chairman; I will.

(The information is as follows:)

Continental naval hospitals authorized by Secretary of the Navy to provide in-patient care for dependents

	<i>Average yearly load</i>		<i>Average yearly load</i>
First Naval District:		Fifth Naval District:	
Chelsea, Mass.-----	2, 267	Bainbridge, Md.-----	268
Newport, R. I.-----	5	Camp Lejeune, N. C.-----	986
Portsmouth, N. H.-----	346	Norfolk, Va.-----	2, 025
		Portsmouth, Va.-----	1, 432
Total-----	2, 618	Total-----	4, 711
Third Naval District: Brooklyn, N. Y.-----	1, 941	Sixth Naval District:	
Fourth Naval District: Phila- delphia, Pa.-----	1, 562	Charleston, S. C.-----	623
		Dublin, Ga.-----	119
Potomac River Naval Com- mand and Severn River Naval Command:		Parris Island, S. C.-----	557
Annapolis, Md.-----	872	Total-----	1, 299
Bethesda, Md.-----	624	Seventh Naval District:	
Quantico, Va.-----	0	Jacksonville, Fla.-----	1, 869
		Key West, Fla.-----	688
Total-----	1, 496	Total-----	2, 557

Continental naval hospitals authorized by Secretary of the Navy to provide in-patient care for dependents—Continued

	<i>Average yearly load</i>		<i>Average yearly load</i>
Eighth Naval District:		Twelfth Naval District:	
Corpus Christi, Tex.-----	1, 661	Mare Island, Calif.-----	2, 052
Houston, Tex.-----	1	Oakland, Calif.-----	4, 183
Memphis, Tenn.-----	107		
Pensacola, Fla.-----	2, 001	Total -----	6, 235
Total -----	3, 770		
Ninth Naval District: Great Lakes, Ill. -----	1, 700	Thirteenth Naval District:	
Eleventh Naval District:		Astoria, Oreg.-----	270
Long Beach, Calif.-----	4, 140	Bremerton, Wash.-----	1, 534
Oceanside, Calif.-----	793	Seattle, Wash.-----	1, 349
San Diego, Calif.-----	5, 632		
Total -----	10, 565	Total -----	3, 153

The following dispensaries are authorized by Secretary of the Navy to provide in-patient care for dependents:

Naval air stations at Banana River, Fla.; Quonset Point, R. I.; Whidbey Island, Calif.; Patuxent River, Md.; Lakehurst, N. J.; and San Diego, Calif. MCAS, Cherry Point, N. C.; NSD, Clearfield, Utah; NAD, Hawthorne, Nev.; NMD, Yorktown, Va.; NT and DC Port Hueneme, Calif.; NOTS, Inyokern, Calif.; and NAOTS, Chincoteague, Va.

Mrs. SMITH. The motion before the committee is to change the "four" to "six" in line 3 of page 2.

Do I hear a motion?

Mr. DURHAM. I will so move.

Mr. RIVERS. I second the motion.

Mrs. SMITH. Is there any further discussion on section 2?

All in favor of the motion signify by saying "Aye." Opposed, "No." The motion is carried.

Captain NUNN. Beginning on page 2 at line 6, the language requiring computations to be made is no longer necessary, in view of the fact that the strength of the Nurse Corps will be based on the authorized number, as a part of the amendment basing the strength of the Nurse Corps on the authorized number of officers and enlisted personnel, and lines 6 to 12 should be stricken. After the word "Corps" allow the period to remain, and strike out the rest.

Mr. RIVERS. I move, Madam Chairman, that that portion of section 2 be deleted from line 6, beginning with the word "Computations," down to and including that portion of line 12 which ends with "computation."

Mrs. SMITH. Is there any objection? Without objection the amendment is adopted and section 2 as amended and read is adopted.

We will now proceed with section 3, Captain Nunn.

Captain NUNN (reading):

SEC. 3. There shall be a Director of the Nurse Corps appointed by the Secretary of the Navy, upon the recommendation of the Surgeon General of the Navy, from among the officers of the active list of the Nurse Corps for a term of not more than four years. While so serving the Director shall have the rank of captain, shall be entitled to the pay and allowances as are now or may be hereafter prescribed by law for a captain of the Navy, and her regular status as a commissioned officer of the Nurse Corps shall not be disturbed by reason for such appointment.

Mr. VINSON. Now, Madam Chairman, I suggest, instead of having on line 16 "from among the officers of the active list of the Nurse Corps for a term," I think the policy of the War Department, "at the discretion of the Secretary of the Navy," is better than a definite period of time.

Let me see the language now in the Army bill.

That gives a right of removal.

General KIRK. That is correct.

Mrs. SMITH. Would you care to have that read?

Mr. VINSON. Where is that language used in the War Department's bill?

General KIRK. In the bill, it is "by the discretion of the Secretary of War."

Mr. RIVERS. That is on page 2, line 14.

Mrs. SMITH. It is page 14, section 207, is it not?

Mr. VINSON. No; that is not it.

General KIRK. It is on page 7, beginning on line 9:

From the officers permanently commissioned in the Army Nurse Corps, the Secretary of War shall appoint the Chief of the Army Nurse Corps, who shall serve as such Chief during her pleasure, and who, without vacating her permanent grade, shall have the temporary rank, pay and allowances of a colonel while so serving.

Mr. VINSON. Instead of having a definite time of 4 years, I believe it should be, "at the pleasure of the Secretary of the Navy," because it may so happen, as it often happens whenever you detail individuals or elect people, that you have not made the best selection, and therefore you cannot remove them. They have a certain right. I know they have it in the Navy when a man becomes chief of the bureau, you cannot remove him out of that bureau unless you court martial him or do something like that, because he is appointed for a definite period of time.

This appointment ought to be at the pleasure of the Secretary of the Navy.

Admiral SWANSON. The Secretary of the Navy now has the authority to remove our Superintendent of the Nurse Corps at any time he so sees fit.

This just puts a limitation on the number of years she might serve.

Mrs. SMITH. It is "not more than 4 years."

Mr. RIVERS. Perhaps he might like to have her longer than 4 years.

Admiral SWANSON. He could reappoint her.

Mr. RIVERS. He might like to keep her for more than 4 years.

Admiral SWANSON. He has the privilege of appointing for more than 4 years.

Mr. RIVERS. It should be written very plainly.

Captain NUNN. Mr. Vinson, I suggest you put a period after the "Nurse Corps" and strike out "for a term of not more than 4 years."

Mrs. SMITH. Will you make that a motion?

Mr. VINSON. I will make a motion to the effect that that should be the captain who would be the Director of the Nurse Corps, that she has no definite length of time. She holds office at the pleasure of the Secretary of the Navy.

Now, that carries out the identical same thing in the War Department, to hold the corresponding position as a colonel at the pleasure of the Secretary of War. Is that not correct?

Captain NUNN. I believe so.

Mr. RIVERS. That takes care of their rank, and they revert to their former position.

Captain NUNN. That is right.

Mrs. SMITH. Admiral Swanson, do you or Captain DeWitt want to say anything?

Captain DEWITT. I think, if there is a time limit, she could be reappointed. However, I am sure that nobody would want to stay unless the Secretary of the Navy wanted him to stay.

Mr. VINSON. I believe a period should be placed after the word "Corps" and strike out the following, "for a term of not more than 4 years."

Mr. RIVERS. I second the motion.

Mrs. SMITH. It has been moved and seconded that section 3 be amended by striking out on page 2, lines 16 and 17, "for a term of not more than 4 years." and adding a period after the word "Corps" on line 16.

Without objection the amendment is adopted.

Are there any more amendments to section 3? (No response.)

That makes the Army and the Navy similar as to this section Captain Nunn and Colonel Blanchfield, and there is no further amendment?

Mr. RIVERS. Would the pay be the same as that of a colonel in the Army?

General KIRK. There is a retirement factor, as to whether or not she would be retired in that grade. I believe she would have to serve 4 years in that grade to retire as a colonel. Otherwise she might lose her retirement.

Mrs. SMITH. Will you read section 4, Captain Nunn?

Captain NUNN (reading):

SEC. 4. All members of the active list of the existing Nurse Corps of the Regular Navy, who, on the effective date of this Act, are serving in a temporary rank authorized by present law, may, during a period of not more than six months after enactment of this Act, be transferred to the Nurse Corps created by this Act, and, upon transfer, shall be appointed for temporary service pursuant to, and subject to the limitations of, the Act of July 24, 1941 (55 Stat. 603), as now or hereafter amended, to the same rank and with the same precedence held by them on the date of such transfer, and for the purposes of such appointments under the said Act, such members of the Nurse Corps shall be considered to be commissioned officers in the Regular Navy. Nurses so transferred, who at the time of such transfer had to their credit leave accrued but not taken, shall not, by reason of such transfer, lose such accrued leave. Prior to the termination of their temporary appointments, the Secretary of the Navy shall appoint a board of not less than three naval officers, who, in accordance with such regulations as he may prescribe, shall assign running mates to the Nurse Corps officers transferred and appointed for temporary service pursuant to this section, and such officers shall be assigned permanent ranks corresponding to the permanent ranks held by their running mates: *Provided*, That no officer of the Nurse Corps shall be assigned a permanent rank above that of commander.

Mrs. SMITH. Will you explain briefly for the record what you mean by "running mates?"

Captain NUNN. The Staff Corps of the Navy are fixed in their ranks by reference to the officer list of the line. In doing this, the Staff Corps officers of whatever corps, Medical Corps, Supply Corps, Civil Engineering Corps, each officer of those corps is assigned a running mate in the line.

When the running mate in the line becomes eligible for promotion, the Staff Corps officer becomes eligible.

In the bill creating a new Staff Corps, this section provides that they participate as any other corps of the Navy in the assignment of running mates.

MR. RIVERS. Does a running mate mean an individual or a class?

Captain NUNN. It is an individual. It is not a class. It is a table. They have all the line officers on one side, and on the opposite side their running mates.

MR. VINSON. That has been in the Navy for a great many years. The weakness of that is that a man in the Staff Corps is jacked up and promoted irrespective of whether he is entitled to it or not, because his running mate in the line gets promoted.

As I understand it, upon this bill becoming law, all the members on the active list of the Nurse Corps of the Regular Navy—that is, the organization in existence today—they are authorized automatically to be transferred into the Nurse Corps.

They are transferred in a temporary capacity and they are not yet selected as in the Regular Navy. Is that correct, Captain Nunn?

Captain NUNN. They are transferred in a temporary capacity and are not selected for it except by a board which determines their running mates.

MR. VINSON. They are not selected. Is the reason they are not transferred into the Regular Navy due to the fact that they do not have a running mate?

Captain NUNN. They are not selected for that transfer, sir; they are automatically shifted over. The running mate is fixed by a board.

MR. RIVERS. Their qualifications have been determined.

Captain NUNN. They are already in the Nurse Corps.

MR. VINSON. They are transferred from the Nurse Corps into the Staff Corps, and that first transfer is of temporary service. Then they are on the same status as any other temporary officer in the Navy. Then they must get from that temporary status into a permanent status. They attain that permanent status when they are assigned by this board with a running mate?

MR. NUNN. That is right.

MR. VINSON. That is a heap of red tape. You ought to just write a bill and say they are transferred from the Nurse Corps to the staff of the Navy, and upon such transfer they shall be given a running mate by a board. You see, there is a little period in there when they are in a quasi position. They are not in the Regular Navy and yet they are standing at the gate ready to be admitted just as soon as some board takes action and makes you the running mate for the position.

Captain NUNN. Yes, sir.

MR. RIVERS. That is not a probationary period?

Captain NUNN. That is a transition period.

MR. VINSON. It is just one of these things to confuse the issue, to make it more difficult and have more civil-service employees.

Mrs. SMITH. Have you a question, Mr. Durham?

MR. DURHAM. I have none.

Mrs. SMITH. Are there further questions? Without objection this section is adopted as read.

Will you read section 5, Captain Nunn?

Captain NUNN (reading):

SEC. 5. Except as provided in sections 4 and 11 of this Act, appointments to the grade of nurse in the Regular Navy shall be with the rank of ensign, and each such appointment shall be subject to revocation by the Secretary of the Navy until such time as the appointee is advanced to the rank of lieutenant (junior grade). Officers whose appointments are so revoked shall be discharged from the service without advanced pay. Such appointees shall be female citizens of the United States who shall not have reached the age of thirty years on July 1 of the calendar year in which appointed. No person shall be appointed pursuant to this section until she shall have established her mental, moral, educational, professional, and physical qualifications to the satisfaction of the Secretary of the Navy.

Mrs. SMITH. All that does is put them on a probationary period before they are accepted in the permanent position?

Captain NUNN. Section 4 provided for bringing officers into this Nurse Corps by transfer from the existing Nurse Corps.

Section 5 provides for bringing in new material, new blood, from outside sources. It provides for the appointment in grade of ensign and provides for a probationary period for them and places the directives and crystallizes the directives for their qualifications.

Mr. DURHAM. In the transfer of your present nurses, you have a limitation there, "who shall not have reached the age of 30 years on July 1 of the calendar year in which appointed." Are you possibly not going to lese some nurses in the transfer? Have you not a good many over 30 years of age?

Captain NUNN. That does not apply to those appointed under section 4, sir.

Section 5, beginning on line 24, page 3, starts out, "Except as provided in sections 4 and 11 of this Act." Section 4 is the one.

Mr. DURHAM. If that takes care of it, that is all right.

Mr. VINSON. Now, there must be at least the qualification that they be at least 30 years of age, coming in from civilian life?

Admiral SWANSON. They may not be over 30.

Mr. VINSON. What is the minimum age limit?

Admiral SWANSON. The minimum age limit in the Navy is 22.

Mr. VINSON. The minimum age limit in the Navy is 22?

Admiral SWANSON. Yes; it is.

Mrs. SMITH. Are there any other questions on section 5?

General KIRK. That does not quite go along with the Army. The probationary period in the Army is 3 years, under the Army statute. They come in as second lieutenants, just as in the Navy. It will be on a promotion scale similar to the Navy's promotion scale. I think that is all the same.

However, as to the age question, in bringing in nurses that have not served in the war, either in the Regular or in the Reserve, our proposed bill says "21 to 26 years."

Mr. RIVERS. We will get to that, will we not?

General KIRK. We are there now.

Captain NUNN. This is the time to talk about it.

Mr. RIVERS. I thought it was not. I should think we would; yes.

Mr. VINSON. This is the time to talk about it.

Mr. RIVERS. I understood the chairman to say it came later.

Mrs. SMITH. Thank you, General Kirk. Will you give us further information on it?

General KIRK. Our thought was this: There are several girls who graduate from nursing schools even when they are 20 years of age, and many others at the age of 21.

Nursing schools give 3 years training from graduation from high school. Others run 5 years, with an A. B., and are graduated as a nurse. For that reason we set our figure at 21 years. We set our top figure at 26 years. As we spoke this morning, we felt we needed the younger nurse, and we wanted to retire the nurse who was doing straight nursing, due to the age she had attained of 50, so that she would get in the proper number of years service before she was declared unfit for service. For that reason we decided to admit them earlier;

We felt the upper limit was 32 years, and we felt that we would get too old a group of women. We then reduced it to 30. From our experience over the years, we feel we could well reduce it to 26 years for the reasons I have stated. We are really willing to compromise. I should hate to see it over 28 years.

Mr. VINSON. Let me get that straight in my mind. The minimum age limit is 21?

General KIRK. That is, in the Army. In the Navy it is 22, sir.

Mrs. SMITH. Where do you find that in that section, Captain?

Captain NUNN. The lower age limit is not in this section.

Mr. RIVERS. Is it in the bill?

Captain NUNN. Yes, sir.

Mr. VINSON. Under the Army proposal, a person must be at least 21 years of age before they can get in the Nurse Corps, and if over 26 years old they are barred.

General KIRK. That is right.

Mr. VINSON. Now, there are two reasons for that, one is you want to get as long a period of time before they are eligible for retirement?

General KIRK. Yes, sir.

Mr. VINSON. The other is that you feel like, from a professional standpoint, you want a younger person doing the actual work of nursing?

General KIRK. Yes, sir.

Mr. VINSON. Now, under the Navy's proposal, they can take them in at 22 years of age.

Admiral Swanson. That is right, sir.

Mr. VINSON. If they have not reached 30 years of age, you can still take them?

Admiral SWANSON. That is right.

Mr. VINSON. Do you not think the Navy should get a little more service out of them, because, taking one in at 30, she serves 20 years, which would be the time she reached the age of 50, and could retire after 20 years' service in the Navy?

Admiral SWANSON. At certain institutions, such as Yale and Duke University, before they study nursing they must have a baccalaureate degree. After attaining that degree, they then study nursing, which would make another 3 years.

This would mean 7 years before they would become a nurse, and we wanted enough elasticity that we could get this high-caliber type nurse, should she apply for the Navy.

Mr. RIVERS. Let us make it 28.

Mr. VINSON. I think this: From my viewpoint, I think you should not take one in until 21 years. I think one that is over 26 years of age is too old to get in the service. I think the Army has a good case. It is not going to hurt the Navy and you are going to get more service out of your people.

Admiral SWANSON. That is correct, sir.

Mr. VINSON. That is what the organization is for, for service.

Admiral SWANSON. We may be limiting the number and excluding a very high professional type of nurse, such as the type of nurse getting out of Yale or Duke.

Mr. VINSON. When the average persons finish school before they get around 26 years of age—they finish school when they are around about 20 years of age, or 21 years of age; then they can go to Yale and take this 3-year course, and go to any other school for 3 or 4 years. I believe 26 years is enough. You do not want them in there too old.

Mr. RIVERS. You must remember that the Army has had more experience with active nursing, because their nurses, from the testimony of somebody, have done a different type of nursing over a period of years; is that not true? The Navy has told me, though, that that plan of theirs was to do just like the Army does in the future.

Admiral SWANSON. That will be our policy.

Mr. RIVERS. Madam Chairman, I move the age be 21 to 28.

Mrs. SMITH. Will you withhold your motion until we get to that section?

Mr. VINSON. You can put it in here, "Such appointees shall be female citizens of the United States not younger than 21 years of age and not over 26 years of age."

Mr. RIVERS. My motion was "28."

Mrs. SMITH. Is that the right place, Captain Nunn?

Captain NUNN. That is right.

Mr. RIVERS. Not to exceed the age of 28 is my motion, Madam Chairman.

Mr. GAVIN. Why do you not submit a proposal of 27 and thereby compromise? That gives it a leeway there.

Mr. VINSON. That leeway does not help it.

Admiral SWANSON. We still are having difficulty in getting nurses, and I think we ought to up the age limit in order to try to get the number that fits our demands. We cannot get them now. If we compress this age, we will still have a more limited number of nurses in the Nurse Corps.

Mr. RIVERS. Then we are going to lower the retirement for the Navy.

Mrs. SMITH. General Kirk, will you agree to 29?

General KIRK. I will gladly do that, if the Admiral feels he cannot get that, but the War Department is very firm on this 26 years.

Mr. DURHAM. Suppose you get an emergency; what are you going to do, General?

General KIRK. This is for the Regular Corps, sir; the Reserve we can take in at any age. This is for the Regular service that we are going to carry on to retirement. During the emergency, we will take a person up to 35 years.

Mr. VINSON. This is for the United States Army rather than for the Army of the United States?

General KIRK. That is right.

Mrs. SMITH. Will you read the motion as approved by Mr. Rivers?

Captain NUNN. On page 4, beginning in line 6:

Such appointees shall be female citizens of the United States—

Now, I am not clear as to whether we want to put in the lower age limit too—

who shall have reached the age of 21 years on July 1 of the calendar year in which appointed, and who shall not have reached the age of 28 years on July 1 of the calendar year in which appointed.

Mr. RIVERS. That is good.

Mr. VINSON. That is it.

Mr. DURHAM. You said, "who shall not have reached the age"?

Captain NUNN (reading):

* * * who shall have reached the age of 21 * * * and who shall not have reached the age of 28.

Mr. RIVERS (reading):

* * * and who shall not have reached the age of 28.

Mrs. SMITH. Are there any other questions or discussion on this section?

Mr. DURHAM. I will make the motion.

Mrs. SMITH. Mr. Durham moves that section 5 be amended to read:

Such appointees shall be female citizens of the United States who shall have reached the age of 21 years on July 1 of the calendar year in which appointed and who shall not have reached the age of 28 years on July 1 of the calendar year in which appointed.

All those in favor of section 5 as amended will say "Aye." Those opposed will say "No." The motion is carried and section 5 is adopted as amended.

Read section 6, Captain Nunn, please.

Captain NUNN (reading):

SEC. 6. Officers of the Navy Nurse Corps shall have authority in medical and sanitary matters and all other work within the line of their professional duties in and about naval hospitals and other activities of the Medical Department of the Navy next after officers of the Medical Corps and the Dental Corps of the Navy. They shall exercise such military authority as may be prescribed from time to time by the Secretary of the Navy.

Mrs. SMITH. Are there any questions on this section?

Mr. VINSON. Yes, ma'am.

Mrs. SMITH. You may proceed, Mr. Vinson.

Mr. VINSON. How much military authority are you giving nurses?

Captain NUNN. How much military authority?

Mr. VINSON. It says, "They shall exercise such military authority as may be prescribed from time to time by the Secretary of the Navy."

Therefore, strictly speaking, would I be erroneously interpreting this law if the Secretary of the Navy should say to the Director of the Medical Corps, a captain, "We will put you in charge of this hospital"?

Captain NUNN. He could do that.

Mr. VINSON. Of course he could do that.

Then he may go one step further: "Officers of the Navy Nurse Corps shall have authority in medical and sanitary matters and all other work within the line of their professional duties in and about

naval hospitals and other activities of the Medical Department of the Navy next after officers of the Medical Corps and the Dental Corps of the Navy."

That holds them within the jurisdiction of the doctor and the dentist?

Captain NUNN. Yes, sir.

Mr. VINSON. They must do what the doctor and the dentist say?

Captain NUNN. That is right, in their professional field.

Mr. VINSON. In their professional field, yes, but the Secretary can go beyond their professional field and assign to them any military authority he may see fit to give them?

Captain NUNN. That is right.

Mr. VINSON. I can see nothing to complain about in that. We all know that we must take orders under the doctor and under the Dental Corps, but why should not they be restricted from an assignment to other military duties?

Admiral, what do you understand as "other military duties"?

Admiral SWANSON. I can envision a nurse being assigned as a member of a court martial.

Mr. VINSON. You can put that in there, if that is all you have in there.

Captain NUNN. What happens, Madam Chairman, in addition to assignment to duty as a member of a court martial, there are such things as giving them authority over enlisted personnel in wards or in other things.

I suggest, to meet what you have in mind—which is a concept entirely new to me in connection with this bill, I must confess—we could put a proviso in there to the effect that, "Provided they shall not be eligible for the exercise of command."

Mr. VINSON. General, is there anything in the Army bill conferring complete military powers on the Nurse Corps, in your bill?

General KIRK. I believe not, sir. I was trying to find it. It is in here, limiting them.

Commissioned officers of each such corps shall not be entitled by virtue of their rank to command, except within their respective corps and over such persons as may be placed under their charge by competent authority, but may be assigned by the Secretary of War to perform such duties as the interests of the service may require.

Mr. VINSON. That meets with the statements of Captain Nunn, because, under the broad language of this, they can exercise command over enlisted personnel not connected at all with the corps.

What we want to do is give them ample authority to command in their own sphere and not go outside of their sphere. I think if you would carry out the thought set forth in the Army bill along that, it is a limitation on their right of command.

Somebody might raise the point on the floor and say, "These nurses can go out here and run a hospital ship, or do anything that the Secretary wants them to do of a military nature."

Captain NUNN. On page 4, line 20, I recommend we change the period to a colon and add the following proviso:

Provided, That they shall not be eligible for the exercise of command.

Mr. VINSON. That carries out exactly what is expressed in the War Department's bill.

Captain NUNN. That is the same phraseology we used with "engineering duty only" officers and "aviation duty only" officers.

Mrs. SMITH. Is there any further discussion?

Mr. DURHAM. That is rather broad language, is it not?

Captain NUNN. That means, we have such a thing as a commanding officer, and that is the exercise of command. They could not be ordered to command a hospital or to command a ship, nor could they be ordered to command any other shore activity.

They could be, under this sentence which precedes the proviso, be given any other military authority. They could be ordered to duty on a court martial, or they could be given military authority over enlisted personnel for purposes of administration and discipline.

Mr. DURHAM. Personnel of this type must be rather flexible to a large extent.

Mr. VINSON. We better put a restriction on that phrase, because that could cause a considerable amount of discussion as to whether or not nurses should have military authority.

Mr. DURHAM. I do not think Admiral Swanson or the Secretary of the Navy is going to assign somebody on a hospital ship.

Mr. RIVERS. We want to get this bill through the House, and that does not help us get it through.

Mrs. SMITH. Have you anything to say on that, General Kirk?

General KIRK. I would leave it to the captain to determine whether that phraseology goes along with what we have in our bill. If it does, it is satisfactory to me.

Mrs. SMITH. It is acceptable to you, Admiral Swanson?

Admiral SWANSON. Yes.

Mrs. SMITH. You have heard the motion made that section 6, page 4, line 20 be made to read:

Secretary of the Navy; *Provided*, That they shall not be eligible for exercise of command.

All those in favor of this amendment, signify by saying "Aye." All opposed, signify by saying "No." The motion is carried.

Is there any other discussion on section 6? Without objection section 6 is adopted as amended and read.

Please read section 7, Captain Nunn.

Captain NUNN. Section 7 (a):

All provisions of law now existing or hereafter enacted relating to the advancement in rank of officers of the Staff Corps of the Navy, except those provisions relating to the same subject matter provided for in the following subsections of this section, shall be construed to include officers of the Nurse Corps.

That would make applicable to this new corps all existing laws relating to staff corps officers of the Navy with certain exceptions which follow in subsections (b), (c), (d) of this section.

Mr. VINSON. Let us read subsection 7 (b).

Captain NUNN (reading):

(b) Paragraph 2, section 16, of the Act of June 10, 1926 (44 Stat. 723); section 17 of the Act of June 10, 1926 (44 Stat. 724); and section 4 of the Act of August 5, 1935 (49 Stat. 530), shall not apply to officers of the Nurse Corps established by this Act.

Mr. RIVERS. Can you tell us in substance what they mean?

Captain NUNN. Yes, sir.

Mr. VINSON. Take them up one at a time.

Captain NUNN. I can best take the first two together, please, paragraph 2 of section 16 of the act of June 10, 1926, and section 17 of the same act of June 10, 1926. Those sections are parts of the Navy Equalization Act, which provides completely for the promotion of officers of the staff corps and for their assignment of running mates, spoken of before which provides for the computation of fractions to be used in certain certification of the numbers and names of officers eligible for promotion in the staff corps, and eligible for consideration by a selection board to the board. This tells how the fractions shall be computed.

It is quite technical, but the fraction is based upon, not the vacancies which will occur in the grades to which officers will be selected, but which is based upon the numbers of officers on the list in the Staff Corps whose running mates have become eligible.

Mr. VINSON. In other words, it was put in that equalization bill to take care of certain cases where they did not get promoted quite as fast as the officer thought he was entitled to?

Captain NUNN. Yes, sir.

Mr. VINSON. Instead of building the fence straight, we build it crooked, so we could gather them in and get them all promoted.

What does section 4 of the act of August 5, 1935, do?

Captain NUNN. Section 4 of the act of August 5, 1935, is that portion of the law applicable to the staff corps, which provides that a commander or lieutenant commander of the staff corps not recommended for advancement after 28 or 21 years of service shall become ineligible for consideration by a selection board.

That restriction on officers of the staff corps is not intended to apply to these nurses because of their differences of ages included in this bill.

Subsection 7 (c) reads as follows:

Section 3 of the act of June 10, 1926, is hereby amended by inserting the following proviso after the colon which appears after the word "mate" in line 17, paragraph 4, thereof, on page 718, volume 44, Statutes at Large: "Provided further, That an officer of the Nurse Corps recommended for advancement to the rank of commander in the approved report of a selection board shall be eligible for advancement to such rank when a vacancy occurs therein and when so advanced, such officer shall be entitled to the pay and allowances of the rank of commander only from the date of the vacancy."

To explain that, I will need to read what preceded this proviso in the existing law:

A staff officer who is recommended for advancement—

and that would include these nurses, you see, except for this limitation we are about to place on it—

A staff officer who is recommended for advancement by a report of a selection board approved by the President shall be eligible for advancement to a higher rank in his corps if and when his running mate or an officer junior to such running mate has been promoted to a higher rank in the line of the Navy, or when a vacancy in that rank exists in the line of the Navy, which will, in due course, be filled by the promotion of his running mate, or an officer junior to his running mate.

The staff corps officer gets promoted after selection when his running mate gets promoted, but these nurses under our proviso get promoted to the grade of commander when a vacancy exists, and that is natural because there is a limit of five placed on the number of commanders.

Mrs. SMITH. Are there any questions on that section, or any discussion?

If not, without objection the subsection will be adopted. You may proceed with subsection 7 (d).

Captain NUNN (reading):

(d) Section 16 of the Act of June 10, 1926, is hereby amended by striking out the period as it appears after the word "him" in line 7, paragraph 1, thereof, on page 723, volume 44, Statutes at Large, substituting a colon therefor, and adding the following proviso: "Provided, That a selection board to recommend officers of the Nurse Corps for advancement to the rank of commander shall be convened only if there exists a vacancy in such rank or if the Secretary of the Navy estimates or determines that a vacancy will occur in the ensuing 12-month period."

This proviso would be an addition to the following provision of the law:

After the President has approved the report of the selection board, provided for by this title, succeeding boards to recommend staff officers for advancement to the ranks of rear admiral, captain, and commander, respectively, shall be appointed by the Secretary of the Navy in accordance with section 348 of this title as soon as practicable after the President has approved the report of each line selection board submitted to him.

For all officers, therefore, for the staff corps of the Navy, except nurses, a staff corps selection board must be convened by the Secretary of the Navy immediately after the submission to the President of a line selection board. In the nurses' case, the selection board need be convened only if a vacancy exists or is about to exist.

Mrs. SMITH. Are there any questions or further discussions on this? Without objection this subsection will be adopted as read.

Will you continue with the next subsection, which is subsection (e)?

Captain NUNN (reading):

(e) Boards for selection of Nurse Corps officers for recommendations for advancement to the ranks of commander, lieutenant commander, and lieutenant shall be composed of not less than six nor more than nine officers not below the rank of captain on the active or retired list of the Medical Corps: *Provided*, That in case there is not a sufficient number of officers of the Medical Corps legally or physically qualified to serve on the selection board as herein provided, officers of the line of the active list of the rank of captain may be detailed to duty on such board to constitute the required membership.

This subsection provides the composition of selection boards for the consideration of nurses for advancement.

Mr. VINSON. May I ask a question?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. How are you going to get rid of those not selected?

Captain NUNN. They get retired, sir, of course, when they reach the statutory retiring age in this bill. They would also get retired under the same provisions of law under which other staff corps officers are retired.

Mr. VINSON. They are passed over twice?

Captain NUNN. Yes, sir.

Mr. VINSON. Then they go out, irrespective of age or length of time served?

Captain NUNN. Yes, sir.

Mr. VINSON. This is made up of all officers; that is, one captain that will be known as the Director—that has the rank of captain; there are five commanders, is that correct?

Captain NUNN. Yes.

Mr. VINSON. In the organization, how many lieutenant commanders will there be?

Admiral SWANSON. There would have to be the same percentage of distribution, sir.

Mr. VINSON. Do you have that figured out, as to how many commanders, how many lieutenants, how many ensigns, and so forth, that you have? All of them are officers, and somebody will ask that question.

Mr. RIVERS. When they first came in here, it was not computed on the authorized strength.

Mr. VINSON. It is easy to figure now, since it is on the authorized strength. Can you figure that out?

Put in the record how many lieutenant commanders, how many lieutenants, and how many ensigns there would be.

It would be distributed on the basis of 600,000, would it not?

Captain NUNN. It would be distributed according to whatever the law requires.

Admiral SWANSON. Ensigns and lieutenants (junior grade) are 42 percent.

Mr. VINSON. That is, of the total number of people?

Admiral SWANSON. The distribution in the line of the Navy, 42 percent ensigns and lieutenants (junior grade), 30 percent lieutenants, 15 percent lieutenant commanders; and then the other percentages, 8 percent commanders, 4 percent captains, and 1 percent rear admirals. That is in the line of the Navy.

Mr. VINSON. What is the total number in the Nurse Corps now?

Captain NUNN. It would be 3,000.

Mr. VINSON. Of the 3,000, 42 percent would be ensigns and junior lieutenants?

Captain NUNN. Yes.

Mr. VINSON. Some would be lieutenants and another percent lieutenant commanders. Then it is fixed positively at five commanders and one captain.

Captain NUNN. Yes, sir.

Mr. RIVERS. That 3,000 was based on the Marines and the Navy?

Captain NUNN. Yes, sir. That is based on the authorized strength of 500,000 plus 100,000 Marine Corps.

Mrs. SMITH. Are there any further questions on section 7?

Mr. RIVERS. May I just ask this one question, Madam Chairman?

Mrs. SMITH. Yes, sir.

Mr. RIVERS. There would be no chance of anybody being on that selection board but a medical man, would there?

Captain NUNN. This proviso says—

in case there is not a sufficient number of officers of the Medical Corps legally or physically qualified to serve on the selection board as herein provided, officers of the line of the active list of the rank of captain may be detailed to duty on such board to constitute the required membership.

Mr. RIVERS. That is the only way we can get on.

Captain NUNN. Yes, sir; and the only line officers who could sit would be captains, and then only if medical officers are not available.

Mr. VINSON. If the selection board passes on a lieutenant twice, if the same law with reference to passing over officers of the staff applies, every law relating to promotion that relates to the staff by selection applies here?

Captain NUNN. Yes, sir.

Mrs. SMITH. General Kirk. Have you anything to say on that section?

General KIRK. Your bill proposes a limit to the grade of lieutenant commander. That is fixed according to our requirements. Our automatic promotion stops at the grade of captain. We are asking for 18 in the grade of lieutenant colonel and 40 only in the grade of major. That is for 2,500, and to increase that as it goes up.

Further promotion in our corps, as proposed in this bill, is on years' service, subject to examination, up to the grade of captain, and then by selection to the grade of major, or, with a limited number, 40 in the strength of 2,500; actually figured out percentagewise it would be 0.7 of 1 percent in the grade of lieutenant colonel, 1.6 percent in the grade of major; and company grades, 97.7 percent of our total Nurse Corps. Therefore it is limited to 1.6 percent in the grade of lieutenant commander as far as our bill is concerned for the Army.

Mrs. SMITH. That is more acceptable than the proposal by the Navy, to you?

General KIRK. Well, I do not believe it would give us as many majors, but we thought that was all we could use.

Mrs. SMITH. What would you have to say to that provision, Admiral Swanson? Can we get together on the two bills?

Admiral SWANSON. It just limits the nurse in her promotion. We have a free flow of promotion up to and including lieutenant commander. Then there is a restricted promotion after that period.

The Army bill has a free flow of promotion equivalent to our senior lieutenant. We just go one grade above. I see no reason why we could not get together on this point.

Mr. VINSON. Let me interrupt on this. In the War Department, as I understand, your corps will be approximately 2,500; is that correct?

General KIRK. We do not know what our strength will be, sir, because we do not know what will be the strength of the Army. If we are going to have a 1,000,000-man Army, we will need 6,420 nurses.

Mr. VINSON. Let us use the 1,000,000 figure.

How many will be in the corps then?

General KIRK. That will be 6,420.

Mr. VINSON. Now, you would have one colonel.

Break that down, now.

General KIRK. Seven-tenths of 1-percent out of that 6,420 would be lieutenant colonels.

Mr. VINSON. What would that turn out?

General KIRK. That would be 46 lieutenant colonels that would be given.

Mr. VINSON. In the Navy, on 3,000, there would be the equivalent of that, through a commander?

Captain NUNN. It would be five commanders.

Mr. VINSON. Yes; it would be five commanders. That is five.

Now, for the record, I would like to have, using 1,000,000 as your figure, and using what we know is almost, or is already, fixed for the Navy, put in the record how many officers of the different grades, notwithstanding the percentage, you could turn out.

General KIRK. With this same factor of 6 for majors, it would give, as I figured here, 102.

Mr. VINSON. What was that?

General KIRK. 102 majors, if the Army's strength was fixed at 1,000,000 men.

Mr. VINSON. That would be 1 colonel, 46 lieutenant colonels, 102 majors?

General KIRK. Yes, sir; and the rest would be in company grades of second lieutenant, first lieutenant, and captain, depending upon the amount of service they had.

Mr. VINSON. The remainder would be in company grade?

General KIRK. Yes, sir.

Mr. RIVERS. That is as far as we can go, because we do not know your strength.

Mr. VINSON. In the Navy, you have 3,000, we will say.

Now, you have one captain, five commanders; how many lieutenant commanders will you have?

Admiral SWANSON. If there were 3,600, there would be 540.

Mr. VINSON. The balance would be in the grade of ensign, lieutenant (junior grade), and lieutenant.

Mrs. SMITH. Is there any further discussion on this section? If not, the committee will vote on section 7 as read.

Without objection, this section 7 is adopted.

Mr. VINSON. For the record, the pay of the captain director in the Navy and the colonel in the Army, and the corresponding ranks, are all fixed by the general pay bill, which applies to both the services, and the pay is identically the same, including allowances, commutations, and all those things, so the question of pay is not involved anywhere?

Captain NUNN. That is correct, sir, since we make them officers of the Navy and the Army under these bills. If we did not do this, they would revert.

Mr. VINSON. I understand that.

Mrs. SMITH. Please read section 8, Captain.

Captain NUNN (reading):

SEC. 8. (a) All provisions of law now existing or hereafter enacted relating to retired officers of the staff corps of the Navy and to the retirement or separation from the active list of such officers, except those provisions relating to the same subject matter provided for in the following subsections of this section, shall be construed to include officers of the Nurse Corps.

(b) Each officer of the Navy Nurse Corps who attains the age of fifty-five years while serving in the rank of commander or above, and each officer of such corps who attains the age of fifty years while serving in the rank of lieutenant commander or below, shall be retired by the President on the first day of the month following that in which she attains such age, and, except as otherwise provided in this section, shall be placed on the retired list in the permanent rank held by her at the time of retirement.

Mrs. SMITH. Will you explain that, Captain Nunn?

Captain NUNN. If this subsection (a) is looked at, in that subsection it makes all laws applicable to staff corps officers applicable to the Nurse Corps with some exceptions, one of which is contained in subsection (b). The officers of the Nurse Corps who reach the age of 55 when they are serving in the rank of captain or commander shall be retired instead of waiting for the statutory age of 62 years applicable to male officers.

Mr. VINSON. They are the ones transferred over?

Captain NUNN. Yes, sir; and those that will eventually be transferred from the outside and go on up.

Mrs. SMITH. Will they all get the benefits under this new law, or do you have an amendment?

Captain NUNN. I was going to suggest that we have some ladies in the Nurse Corps who we are afraid could not transfer to the Regular Navy under this bill and therefore would not receive the retirement benefits of this bill because they had exceeded this statutory requirement age of 55 or 50, or will do so very soon.

I would like to suggest the addition of another sentence to subsection 8 (b), which would provide that—

Nothing contained in this subsection shall be construed to prohibit the transfer under section 4 hereof—

under section 4 of this bill—

to the Nurse Corps created by this Act of such members of the Nurse Corps—

meaning the existing Nurse Corps—

which existed prior to the enactment of this Act, as may have reached the retirement ages specified herein prior to such transfer.

Mr. DURHAM. Of those nurses you speak of, those nurses have been in the service a long time?

Captain NUNN. Some have, sir.

During the war, while we were needing nurses very badly, they took in some ladies a little older than they would have taken in before.

Also some of them had been in a long time.

Mr. DURHAM. If you put such a proviso in the act at the present time and a nurse is transferred over, she would receive all the benefits with probably 2 or 3 years' service?

Mr. VINSON. It might be less than 2 or 3 years.

Admiral SWANSON. There are 29 nurses involved. All of these nurses have had more than 20 years' service.

Mr. RIVERS. Let me ask you this: Would this also permit them to retire if they want to retire?

Captain DEWITT. It is necessary that they do so. They have to.

Admiral SWANSON. They would be compelled to retire because they are either beyond 50 or 55.

Mrs. SMITH. As I understand, Admiral Swanson and Captain Nunn, all this does is clear the part of this section so the Comptroller General will not rule against the retirement of those nurses, 29 in number.

Mr. VINSON. It means that it makes it mandatory, under certain conditions, when you reach a certain age you must retire, in the rank of commander and in the rank of captain; in the rank of commander, when they reach 55 years of age, you must retire them. In the rank of ensign on up, you retire them when they reach the age of 50 years.

Captain NUNN. That is right, sir.

Mr. VINSON. This permits those who served 20 years, who were transferred, who were over 55 years of age, to be automatically retired.

In other words, you are just merely giving them the benefit of retirement.

Captain NUNN. That is right.

Mr. DURHAM. I believe it is. If it is convenient and not too much trouble, Admiral, I would like to have a list of that number that would be affected by that proviso and the years of service they have had in the Navy. I would like to have you put that into the record.

(The list referred to is as follows:)

WASHINGTON 25, D. C., February 11, 1947.

The COMMITTEE ON ARMED FORCES,
Old House Office Building, Washington, D. C.

GENTLEMEN: Herewith enclosed are two lists of Navy nurses who will be forced to involuntary retirement by the provisions of the original and revised House bill 1373.

NELLIE JANE DEWITT,
Captain (Nurse Corps), United States Navy,
Superintendent.

List of Navy nurses forced into involuntary retirement by provisions of par. 8, in bill H. R. 1373, as originally presented, before benefits of bill become available for them

Name	Birth date	Length of service	Permanent grade	Present rank
O'Brien, Elizabeth M., age 57 years 8 months.	June 22, 1889	28 years 3 months.	Assistant superintendent (second term of 4 years).	Commander.
Wiltzius, Henrietta, age 57 years 5 months.	Sept. 9, 1889	24 years.	Chief nurse. (A Red Cross nurse in World War I; decorated by foreign governments. Also, in World War II, in Navy.)	Lieutenant commander.
Disselkamp, Erna, age 56 years 8 months.	June 24, 1890	28 years 8 months.	Chief nurse. (Served in World Wars I and II.)	Do.
Hart, Sarah I., age 56 years 5 months.	Sept. 8, 1890	26 years 2 months.	do.	Do.
Moore, Mary E., age 56 years 4 months.	Sept. 21, 1890	29 years 8 months.	do.	Do.
Stauffer, Edith Lee, age 56 years.	Feb. 6, 1891	28 years.	do.	Do.
Braddick, Hazel V., age 55 years 9 months.	Apr. 28, 1891	29 years 1 month.	do.	Do.
Tracy, Mary E., age 55 years 4 months.	Oct. 17, 1891	20 years 5 months.	do.	Do.
Kinsey, Myrtle N., age 55 years 2 months.	Dec. 19, 1891	27 years 11 months	Chief nurse. (Sept. 1, 1943.—assistant superintendent for 4 years; served in World Wars I and II.)	Commander.
Cobb, Laura M., age 54 years 9 months.	May 11, 1892	25 years 10 months.	Chief nurse. (Served in World Wars I and II. Prisoner of war for 3 years, World War II.)	Lieutenant commander.
Dunbar, Ruth B., age 54 years 2 months.	Dec. 10, 1892	19 years 6 months.	Chief nurse	Do.
Burgess, Edith, age 54 years.	Jan. 7, 1893	24 years.	Chief nurse. (During World War I, was with American Red Cross; received Serbian and Montenegrin Red Cross decorations.)	Do.
Shelley, Irene, age 53 years 9 months.	May 9, 1893	26 years 6 months.	Chief nurse. (Served in World Wars I and II.)	Do.
Schaak, Elizabeth M., age 52 years 11 months.	Mar. 19, 1894	20 years 3 months.	Chief nurse	Do.
Ballerstedt, Helen, age 52 years 10 months.	Mar. 23, 1894	19 years 9 months.	do.	Do.
Beutenmiller, Olga, age 52 years 8 months.	May 24, 1894	19 years 11 months.	do.	Do.
Olson, Lenore G., age 52 years 3 months.	Oct. 11, 1894	17 years 8 months.	do.	Do.
Combes, Hilda W., age 51 years 8 months.	May 18, 1895	17 years 6 months.	Chief nurse. (Arm amputated, January 1947).	Do.
Newell, Gladys, age 51 years 7 months.	July 7, 1895	19 years 4 months.	Chief nurse	Do.
Linderman, Florence A., age 51 years 6 months.	July 17, 1895	18 years 3 months.	do.	Do.

List of Navy nurses forced into involuntary retirement by provisions of par. 8, in bill H. R. 1373, as originally presented, before benefits of bill become available for them—Continued

Name	Birth date	Length of service	Permanent grade	Present rank
Leopold, Dema V., age 51 years 6 months.	Aug. 10, 1895	25 years 4 months	Chief nurse. (Ordered home for retirement.)	Lieutenant commander.
Vestal, Sallie L., age 51 years 5 months.	Sept. 2, 1895	23 years 7 months.	Chief nurse.....	Do.
Monteville, Sophia G., age 51 years 1 month.	Jan. 4, 1896	17 years 11 months.do.....	Do.
Duggan, Teresa M., age 50 years 9 months.	May 15, 1896	16 years 5 months.do.....	Do.
Picard, Pearl, age 50 years 4 months.	Oct. 5, 1896	17 years 1 month.do.....	Do.
Richards, Erma, age 50 years 3 months.	Oct. 31, 1896	15 years 7 months.do.....	Do.
Barnes, Margaret M., age 50 years 1 month.	Dec. 11, 1896	18 years 10 months.	Nurse (U. S. Navy)...	Do.
Olds, Marion B., age 50 years.	Feb. 13, 1897	20 years 6 months.	Chief nurse. (Prisoner of war, Guam.)	Do.
Smith, Odessa, age 49 years 8 months.	June 17, 1897	18 years 10 months.	Chief nurse.....	Do.

MR. RIVERS. In the event we consider the age of 50 instead of 55, you better put those likewise affected.

MR. VINSON. Just one minute, Mr. Rivers. The age of 55 applies only to two grades.

The 55 applies to the captain, the Director, and to the commanders. They may not be made a commander until they are 50 years of age and would have 5 years to serve in the grade of commander, to be designated at the grade of commander. They cannot serve in either grade longer than their fifty-fifth birthday.

MR. RIVERS. The Army says 50.

ADMIRAL SWANSON. The Army bill is similar to this.

MRS. SMITH. This is just a clarifying amendment, is that not true?

ADMIRAL SWANSON. The Army bill retires in the grade of lieutenant colonel and full colonelcy at 55 years of age.

GENERAL KIRK. The company grade, second lieutenant, first lieutenant, and captain, they will all be captains practically, and they retire at the age of 50. The field grades of major and lieutenant colonel, they will retire at the age of 55. It does not include the chief, the colonel, who is director of the nurses. They put no age limit on her at all.

MR. RIVERS. The Navy does, do they not?

ADMIRAL SWANSON. Yes. *

GENERAL KIRK. She has to come from this group that have not yet retired. Therefore, if she was appointed when she was 55, she could not serve until she was older than 55.

Our age in company grade is 50, and the age in field grade is 55, which would be the lieutenant commander and commander in the Navy.

MR. RIVERS. There is no reason why the two bills could not be reconciled on that particular point, is there?

GENERAL KIRK. I would not think so.

MR. RIVERS. It is just a matter of judgment and policy with the committee.

Admiral SWANSON. The difference in the bills, as I see it, is this: Our lieutenant commanders are retired at 50 years of age. The Army majors in the Nurse Corps are retired at 55 years of age. They retire them at an older age than under this bill.

Mr. RIVERS. This is the time for us to take cognizance of that and do something about it right now.

General KIRK. The Navy promotes these up through the grade of lieutenant colonel and we stop ours at the grade of captain and only selected a limited number in the grade of major.

Mrs. SMITH. The whole promotional scheme has to be readjusted to have the two grades alike, and will this come in under another bill?

General KIRK. It should be adjusted in these two bills, I think.

Mr. RIVERS. Therefore the bill that the chairman refers to would not take care of this contingency.

General KIRK. It must be in these two bills we are speaking of here.

Mr. VINSON. There is no dispute about this: When the colonel and the lieutenant colonel arrive at 55 years of age, they are retired in the Army, is that correct?

General KIRK. No, sir; there is no age limit on the colonel, the chief. There is one chief, by appointment, and she retires at the end of her time as the chief nurse. She must be under 55 when she is appointed to that, or else she would not be in the service. She could be 59 when she went out, but would have to be under 55 when she was appointed.

We are putting no age limit on her except that she could not be there if she was not under 55 when selected.

The colonel and the lieutenant colonel should be retired at the age of 55.

Mrs. SMITH. Isn't her experience through the years as desirable between 55 and 59 as between 51 and 55?

General KIRK. The chief might select a young girl who was only 45.

Mrs. SMITH. The 55 is simply a limit as to the age at time of appointment.

Mr. DURHAM. She can retire on request under this provision?

Captain NUNN. She can be retired at 55.

Mr. RIVERS. Anybody in the Nurse Corps can retire under this bill at the age of 55, if she wants to.

General KIRK. She has to, it is compulsory.

Mr. VINSON. It is automatic retirement, irrespective of how long they have been in grade. When they reach 55 years of age, they must get out of the service.

Mr. DURHAM. I am talking about the colonel, though. The colonel could retire by request after she reaches the age of 55, under the law.

Mr. RIVERS. She must serve her term in office before she can retire.

General KIRK. That is not on request. This is directed by the Secretary.

Mr. VINSON. I suggest, Madam Chairman, we hold this until we get down to the Army section of the bill.

Let us go on to the other sections of the bill where there is no dispute right now.

Mrs. SMITH. Can't we clear this up right now while we are in it, and save us going through this discussion again?

Captain Nunn, have you any suggestion as to bring those two together?

Captain NUNN. No, Madam Chairman, except to change one of them.

It seems to me that we have promotion by selection to the grades of lieutenant and lieutenant commander and commander. There is not a free flow of promotion, except from the grade of ensign to lieutenant, junior grade.

Mrs. SMITH. The Chair would suggest that we act on the proposal that Captain Nunn made on the clarifying amendment to take care of these people on the transfer which would read:

Nothing contained in this subsection shall be construed to prohibit the transfer under section 4 hereof to the Nurse Corps created by this act of such members of the Nurse Corps which existed prior to the enactment of this act as may have reached the retirement ages specified herein prior to such transfer.

Mr. RIVERS. I move that that amendment be accepted.

Mr. DURHAM. I second it.

Mrs. SMITH. It has been moved and seconded that the amendment, as read, to section 8 (b) be adopted.

Is there any objection?

All those of the committee say "Aye" who approve.

All those opposed say "No."

The amendment is adopted.

Now, we will proceed with our discussion concerning this age limit.

Have you a suggestion, Admiral Swanson?

Admiral SWANSON. I have no objection to allowing our Director of Nurses to be retired at an older age than 55, as obtains now in the Army.

Mrs. SMITH. Have you a suggestion as to how that could be amended, Captain Nunn?

Captain NUNN. On page 6, line 25, strike out the words "or above."

The CHAIRMAN. That would put your commander in the Navy Nurse Corps in the same category as in the Army?

Captain NUNN (reading):

Each officer of the Navy Nurse Corps who attains the age of 55 years while serving in the rank of commander or above, and each officer of such corps who attains the age of 50 years while serving in the rank of lieutenant commander or below, shall be retired by the President on the first day of the month following that in which she attains such age and, except as otherwise provided in this section, shall be placed on the retired list in the permanent rank held by her at the time of retirement.

Mrs. SMITH. What does that mean?

Captain NUNN. That means that commanders shall be retired when they reach 55, and all others shall be retired when they reach 50, except that no involuntary retirement provision by reason of age is imposed upon the captain or the director.

Mr. VINSON. Is that in accordance with the Army's viewpoint, Captain?

Captain NUNN. She would be retired at 62; but if she stopped being director, she would go back to her permanent grade and the age limit would catch her.

Mrs. SMITH. Colonel Blanchfield, do you think that would include the same provisions as the Army has?

Colonel BLANCHFIELD. That takes care of that.

Mrs. SMITH. What is the next item?

Captain NUNN. The other discrepancy is that, in the case of Navy nurses, lieutenant commanders go out at 50, whereas Army nurses, serving in the grade of major, do not go out until 55.

Mr. RIVERS. I move that they be made the same, 50 years.

Mr. GAVIN. I second the motion.

General KIRK. There is something else we must consider besides the retirement age of the major and the lieutenant commander.

In the Navy, they are promoted automatically, let us say, with their running mate up to and including the grade of major. In the Army they are not. They are limited.

Our promotions stop at the grade of captain. There will be many more nurses promoted in the Army than in the Navy. In other words, the Navy goes up to major, and in the Army it is a captain.

That is where we had our cut-off in the requirement, at 50, that would be company grade.

Mrs. SMITH. Is there room in the Navy for as many lieutenant commanders as this proviso would provide?

General KIRK. Whether they need that many, I cannot answer that, but I do know that the War Department will not permit us to have more than this limited number that I have stated. Our automatic promotion must stop at the grade of captain and a limited number to become lieutenant commanders according to this form that I have just stated, which would, for a million-man Army, I would say it would give us 126 majors.

Mr. VINSON. Then the only difference between the Army and the Navy proposal is the rank of major and the rank of commander. The rank of commander is 55, and the rank below that is 50 years, is that correct?

General KIRK. There will be many more lieutenant commanders, according to the schedule on which these bills operate, in the Navy than there will be majors in the Army, because we are limited by 1.6 percentage and there is no limitation in the Navy on that grade.

Mr. VINSON. Oh, yes, there is. Only a certain percent of the total can be lieutenant commanders, which is 15 percent.

General KIRK. All we need is to resolve those figures and it will make it even in the grade of lieutenant commander. The Army is permitting us to promote to that grade 1.6 of the total Nurse Corps.

Mr. DURHAM. That is in the promotion law, is it not, General?

General KIRK. That is the limitation written in this bill.

Mrs. SMITH. 1.6, to major?

Mr. RIVERS. Let us fix it just like it is in the Navy.

General KIRK. The reason that we kept the retiring at 55 was that they were administrators and not doing nursing on the floor, and staying on their feet as were the captains, and for that reason we settled for 55 as a retirement age instead of 50.

We believe these nurses will not be doing bedside nursing, but will be directing those that do.

Mrs. SMITH. That is the same with lieutenant commanders in the Navy.

Captain DEWITT. We expect they will be supervisors in charge of departments.

Mr. VINSON. Then on captain and commander we are both together; oh, I mean on captain and colonel we are both together.

That is all right.

Now then, the next rank of that is commander and lieutenant colonel. Now, under your bill, General, lieutenant colonel goes at 55? General KIRK. Yes, sir.

Mr. VINSON. A commander in the Navy goes out at 55. They are the same.

Then we will come on down to the rank of major.

Under your bill, he goes out at 55?

General KIRK. That is right.

Mr. VINSON. In the Navy, the rank of lieutenant commander, he goes out at the age of 50?

Mr. RIVERS. Why can we not make those both the same age?

Mr. VINSON. All of them come in at the same age, do they not?

General KIRK. Yes, sir.

Mr. VINSON. Then they should all go out at the same age.

What is your reason for fixing the age of 55, is it due to the fact that your selections start from major on up?

General KIRK. Mainly, they are administrators and we believe they could continue at the age of 55 without difficulty, while we felt that those who were held in company grade, most of them will be, could not do bedside nursing, and should be retired at the age of 50, and I had to compromise somewhere to get that retirement factor through with the War Department.

Mr. VINSON. What argument did you put forth for retirement at 50 years of age?

Admiral SWANSON. In the Navy we consider all officers, commander and above, as of command rank, and all officers below commander we consider as just general field officers.

Mrs. SMITH. Is there any objection then to making 55 the retirement age for the three top grades for both services? If they are doing administrative supervising work, why are they not as valuable between 50 and 55?

Mr. RIVERS. There would be no bedside nursing, it would be the same as the Army, so maybe we could put those at 55.

Mr. VINSON. I believe that is practicable.

Admiral SWANSON. We have no objection to continuing our lieutenant commanders to the age of 55.

Mrs. SMITH. That would bring the two services alike, would it not, Captain Nunn?

Captain NUNN. That would.

Mr. VINSON. How about below the rank of lieutenant commander, it would be 55, too; 55 would be your retirement age.

Captain NUNN. Yes, sir; then we would be the same as the Army. If we change this bill so that lieutenant commanders are retired at 55, it would be the same as the Army bill.

Mr. VINSON. Then you get 5 years more service, do you not?

Captain NUNN. Yes, sir; that is true. I do not know how it would strike the Medical Department.

Mr. VINSON. Now, I know how these figures are arrived at, they just pick them out of the air, and you can also get figures to fit your case.

The tendency at the time is to retire as quickly as you can and get as much as you can. However, you know this is an error of economy and we want everybody to do a little work.

Now, you take a person 55 years of age, and he is a commander. He would draw in the neighborhood of \$4,500 a year.

What is the pay of a commander?

General KIRK. There is no allowances with retirement.

Mr. VINSON. You get 75 percent of your base pay, and the base pay is how much, in the rank?

Captain NUNN. It depends on the service, sir. It is around \$4,200 on an average, sir.

Mr. VINSON. Supposing they come in at the age of 25 years. They will serve 30 years. And to go out, they have an income of approximately \$200 a month.

Admiral SWANSON. Madam Chairman, I do not believe we will have line officers 55 years of age.

Captain NUNN. Did you say line officers at 55 years of age?

Admiral SWANSON. As lieutenant commanders.

Captain NUNN. No; we would not, under the operation of our peacetime selection laws, we would not, sir.

Mr. RIVERS. This running-mate theory would not work a hardship on a girl by virtue of this limitation, would it?

Captain NUNN. No, sir.

The CHAIRMAN. What happens to a lieutenant commander at 50?

Admiral SWANSON. She would be retired at 2½ percent per annum of base pay, with longevity multiplied by the number of years of active service but not to exceed 75 percent.

The CHAIRMAN. She may have had a proposed service of what?

Admiral SWANSON. A minimum of 22 years, sir.

The CHAIRMAN. What are your objections to making that retirement 55.

Admiral SWANSON. I have no objection, sir, excepting as I understand it, we would have no lieutenant commanders in the line at that age.

Captain NUNN. Probably not. Certainly would not be average at any rate.

Mrs. SMITH. Did you make the motion, Mr. Vinson?

Mr. VINSON. Let me get it straight in my mind so I will know when it comes on the floor.

For the colonel and the Director, they can be appointed at 55 and hold that position at the pleasure of the Secretary, and you cannot force them out on an age limit, is that correct, in the rank of lieutenant commander, rank of commander and lieutenant colonel, they are both in agreement, 55 years of age?

Admiral SWANSON. That is right.

Mr. VINSON. The only difference is in the rank of major and lieutenant commander, and the Army retirement age is 55 and the Navy is at 50.

I have not heard any good reason why it should be 50 any more than it should be 55. He gets 5 years more service, and I am in favor of the Government getting as much service as the physical condition permits, and the average person is in pretty good physical condition at 55 years, and I suggest you make it 55 years for the grade of lieutenant commander and all below.

Mrs. SMITH. Will you make a motion to that effect?

Mr. VINSON. Yes, that the rank of lieutenant commander and all below be 55 years of age and that makes 55 years everywhere except for the colonel and the Director.

Mrs. SMITH. Captain DeWitt?

Captain DEWITT. That will make it different from the Army.

Mr. VINSON. I cannot hear you.

Captain DEWITT. The Army has 50 for the first three.

Admiral SWANSON. The company grades.

The CHAIRMAN. The company grades?

Captain DEWITT. Yes, the company grades.

Mr. VINSON. No; it will not.

General KIRK. Fifty years for the company grades, sir.

Mr. VINSON. Then the only one is lieutenant commander, which was corresponding to the major which would be 55.

General KIRK. That is correct.

Mr. VINSON. And the balance would be 50?

General KIRK. Yes.

Mrs. SMITH. Will you give us the wording, Captain Nunn, on the motion?

Captain NUNN. Yes.

Page 6, line 24. Add the words "lieutenant commander" between the words "of" and "com".

Page 7, line 2, strike out the word "commander" so that subsection 8 (b) reads as follows:

Each officer of the Navy Nurse Corps who attains the age fifty-five years while serving in the rank of lieutenant commander or commander—

We have already stricken out "or above"—

and each officer of such corps who attains the age of fifty years while serving in the rank of lieutenant or below, shall be retired by the President on the first day of the month following that in which she attains such age, and, except as otherwise provided in this section, shall be placed on the retired list in the permanent rank held by her at the time of retirement.

Plus the other amendment which has been adopted.

Mrs. SMITH. You have heard Mr. Vinson's motion to amend section 8, subsection (b), by including the words "lieutenant commander" in line 24 after "of" and before "com" and slightly on page 7, line 2, the word "commander."

Mr. RIVERS. I second it.

Mrs. SMITH. It has been moved and seconded that this paragraph be adopted as read. Is there any objection?

If not without objection, the subsection (a) and the subsection (b) are adopted by the committee as amended and as read.

Now will you continue, Captain Nunn.

Captain NUNN. Subsection 8 (c):

An officer of the Navy Nurse Corps, who may be retired for any reason while serving as Director of such corps or subsequent to service as Director while serving in a lower rank, may, in the discretion of the President if she shall have served two and one-half years or more as Director, be placed on the retired list in the rank held by her as Director.

Mrs. SMITH. Is there any difference in the Army and Navy on that section?

General KIRK. I think that is better than we have allowed here.

Mr. VINSON. What is the justification of it?

Captain NUNN. That is the provision similar to that which we make for bureau chiefs, Chief of Naval Operations, and others in the Navy Department, sir. If they serve 2½ years or more in the job

when they get retired they get retired at a rank and pay on the retirement list, the highest grade they held while serving as Chief of Naval Operations or in this case Director of the Navy Nurse Corps.

Mrs. SMITH. Which is as it should be. If a nurse has served all those years, and then Director for 2½ years.

Captain NUNN. You see, the grade of captain is a temporary grade in this corps.

Mr. VINSON. She may be a captain in her own right.

Captain NUNN. No, sir; the only captain can be the Director.

Mrs. SMITH. She has served all those years and then becomes Director?

General KIRK. Our bill reads "have served four years." I would like to change my bill to the Navy bill.

Mrs. SMITH. Will you withhold that, Colonel Kintz, so that when we come to that section we will be sure to change it?

Colonel KINTZ. Right.

Mrs. SMITH. Is there any other question or further discussion on (c)? Without objection the committee adopts section (c) as read.

Captain Nunn, section (d).

Captain NUNN (reading):

An officer of the Navy Nurse Corps who shall have served prior to July 1, 1946, in a rank higher than her permanent rank, other than by virtue of appointment as Director of the said corps, shall, when retired for any reason, if not otherwise entitled to the same or higher rank, be advanced to the highest rank in which, as determined by the Secretary of the Navy, she served satisfactorily. In any case where, as determined by the Secretary of the Navy, any such officer has not performed satisfactory duty in the highest rank held by her while on active duty, she shall be placed on the retired list with the next lower rank in which she has served but not lower than her permanent rank.

That paragraph parallels existing law with respect to retirement of officers of the Regular Navy. Those who served in a temporary rank higher than their permanent rank prior to July 1, 1946, when ultimately retired, are retired at the highest rank they held satisfactorily on the active list with retired pay based upon that rank.

That is provided in Public Law 305 of the Seventy-ninth Congress.

This subsection gives the same benefits to people who served in the Navy Nurse Corps during the war.

Mr. VINSON. And anyone who served in the Navy Nurse Corps with the rank of commander, that was a temporary rank.

Captain NUNN. Yes, sir.

Mr. VINSON. And they had a permanent rank of lieutenant commander, and when they retire they retire with the rank of commander?

Captain NUNN. If they served satisfactorily.

Mr. VINSON. All of them served satisfactorily. That just meant a means upon retirement. Everybody who had a permanent rank higher than that of their permanent rank, which they get when they transfer over here, retirement is at the highest rank?

Captain NUNN. Yes, sir.

Mr. VINSON. Well, now, let me tell you, what has the Army got on that?

General KIRK. The Army did not get in on that bill, sir. That applied to the Navy only.

Mr. VINSON. I remember putting that bill through. If we are going to do that we have got to do it all down the line. It does not

apply to the Army at all. That applies to the line, does it not that law?

Captain NUNN. No, sir; everyone.

Mr. VINSON. Line officers?

Captain NUNN. Yes, sir.

Mr. VINSON. Line officers of the Army?

Captain NUNN. Staff Corps also.

Mr. VINSON. Is there a similar law that applies to the Army?

General KIRK. No, sir; the Army did not get that law.

Mr. DURHAM. It was passed in the House.

Mr. VINSON. Well, let me say this: That is an important thing, and that has a good deal of merit to it. In the House they were in a rather generous mood when we passed it.

Mrs. SMITH. Mr. Durham?

Mr. DURHAM. I would like to ask the general over there, that provision in the act we passed last year, that never passed the Senate?

General REBER. Yes, sir. There was some proposed legislation.

Mr. VINSON. When we come along to do this thing and set a precedent for it, and come along to do it for the line and the Staff of the Navy, with the distinct understanding that it must be extended to the Army and everybody who retires in the Army or retires with a temporary rank that he held, is that the idea?

Captain NUNN. We are in favor of that.

Mr. VINSON. Subject to service having been satisfactory.

Mrs. SMITH. Any further discussion? Any objection to the acceptance or approval of subsection (d) by the committee?

Mr. VINSON. So the Nurse Corps of the Navy is going to blaze the way for the Army?

Mr. GAVIN. The Nurse Corps in the Navy.

Mr. VINSON. I do not know whether it is a good thing.

Mrs. SMITH. Without objection, the committee adopts subsection (d) as read.

Captain Nunn, will you read (e)?

Captain NUNN (reading):

An officer of the Nurse Corps placed on the retired list in her permanent rank pursuant to subsection (b) of this section shall receive retired pay at the rate of 2½ per centum of the active-duty pay to which entitled at the time of retirement multiplied by the number of years for which entitled to credit in the computation of her active-duty pay, not to exceed a total of 75 per centum of said active-duty pay.

Mr. VINSON. That is the same as the law that applies to both services for retirement?

Captain NUNN. Navy.

Mr. VINSON. Does not the Army get the same thing?

General KIRK. There is a statute, sir, already, that a nurse that is retired under similar conditions, forced out, will get 3 percent instead of 2½ percent with a maximum limit of 75. That is why we figured we would put the field officer grades at 55, and company grades at 50, so they could benefit by that act, and not cost the Government too much money.

So we are asking here that the Navy provision be incorporated, if it is your pleasure, to 3 percent per year for these women that are being separated at the age of 50 and 55 rather than 2½ percent.

Otherwise, if they retire voluntarily, they go along the same route as the other officers.

Mr. VINSON. Then the percentage will be different for the nurses than any other retired officer of the Navy?

General KIRK. That is correct, but remember these women can only go to the grade of captain and not to the grade of colonel.

Mr. VINSON. Yes, but the Navy does not get above the rank of captain in 30 years either.

General KIRK. I am talking about lieutenant, junior grade, in the Navy. This is captain in the Army. These nurses stay in the grade of captain. That is lieutenant, senior grade. And retire after 30 years service. Not the grade of colonel.

Mr. DURHAM. What would a captain draw on 3 percent retirement after 20 years?

General KIRK. We will have to look at the pay schedule.

Mr. VINSON. He gets \$7,000.

General KIRK. No, sir.

Mr. VINSON. Base pay is around \$7,000, after 30 years.

General KIRK. This is not a captain in the Navy, sir. This is a lieutenant, senior grade, we are talking about.

Mr. VINSON. He said captain of the Navy.

Mrs. SMITH. Of the Army.

Mr. RIVERS. Ask the Army man.

General KIRK. I have not the pay schedule here.

Mr. VINSON. Give them 3 percent. It is getting late in the afternoon. Let us give them 3 percent, and go ahead.

Mrs. SMITH. Do you make that motion, Mr. Vinson?

Mr. VINSON. Yes, ma'am. Give them 3 percent.

Mrs. SMITH. It has been moved and seconded that subsection (e) be amended, crossing out "2½" on line 3, and making it "3."

Mr. DURHAM. Mr. Chairman?

Mrs. SMITH. Mr. Durham.

Mr. DURHAM. Before we leave that I would like for that to go into the record, as to how much a captain draws, because when we get on the floor of the House on the retirement bill, it will be important.

Mr. RIVERS. Specify what kind of captain.

Mr. DURHAM. An Army captain.

Mrs. SMITH. Is there any objection to the section as amended?

Captain NUNN. Madam Chairman, I believe that speaking for the Navy Department in general and not for the Medical Department, that we would be disappointed to find this particular group receiving retirement pay on a basis different from other officers of the Navy.

Now we have no objection to the Army's 3 percent.

Mr. DURHAM. Well, now, let me argue that point.

Mrs. SMITH. Mr. Durham.

Mr. DURHAM. You are entirely different from a nurse. You take a nurse that spends 20 years in the Navy Service or 30 years, whichever it is, and she goes out into civilian life, she has got nothing in the world. You can retire at 60 years of age and there is still something for you, but a nurse stands on her feet for 20 or 30 years and she has not much left. They cannot go out and earn anything and that is why I want to know exactly how much they will draw under the retirement bill.

I think it is an entirely different situation.

Captain NUNN. After 20 years, sir, service at 2½ percent, our people draw 50 percent of their active duty pay as retirement pay, sir.

Mr. DURHAM. Well, how much would that amount to? How much would a nurse draw?

Captain NUNN. It depends upon the rank, of course.

Mr. VINSON. Captain, your first objection was because it would be different from that of the other retired officers?

Captain NUNN. Yes, sir.

Mr. VINSON. All right. Then why not bring the other retirement officers up to the Navy retirement?

Captain NUNN. Up to 3 percent, sir?

Mr. VINSON. All right. That would give an argument to have uniformity in your services.

Captain NUNN. I do not know that that would be good government, sir, poor political science; you can get them for less.

Mrs. SMITH. Does that not justify my statement yesterday when I said that all these people should be put on the same retirement plan at 62 years old with disability retirement?

General KIRK. Well, Madam Secretary, the nurse is not good at 62 and the line officer is. The line officer in the Army retires always at the grade of colonel after 30 years' service. That is, these women are retired at the grade of captain not at 75 percent of the colonel's pay. A captain's pay is quite different. That is why we are asking for this other half of a percent because these women are not permitted to go up to and including the grade of colonel. The only one that gets to the grade of captain in the Navy or colonel in the Army is the one. The others are stopped at the grade of captain in the Army or lieutenant, senior grade, in the Navy.

Mrs. SMITH. You have heard the motion.

Mr. VINSON. Wait a minute.

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. How long has it been in the statute at 3 percent?

General KIRK. 1926. That is what the Bureau of the Budget wanted.

The Bureau of the Budget approved this 3 percent for these nurses at this age. I was trying to get 75 percent for the nurse rather than the 50. They said they would not, by the statute, already give the nurses 3 percent pay, but they do get 3 percent under certain conditions.

Mr. VINSON. What is the percent of the Regular officer of the Army?

General KIRK. For age?

Mr. VINSON. Yes.

General KIRK. Well for age it is 75 percent of his pay when he retires for age.

When he retires for physical disability it is 75 percent of his pay regardless of his grade.

When he retires at his own request after years of service it is 2½ percent per year when he retires after 20 years.

But this woman is stopped. We figure this is all of the work we can get out of her and we are pushing her out. We are taking everything she has got, and she has to live on her retirement pay.

Mrs. SMITH. So that you will give her ½ percent for that?

General KIRK. Yes. That is all I could get.

Mr. VINSON. Captain, this same section applies to all retirement pay of the line and staff of the Navy?

Captain NUNN. Yes, sir; equivalent provision.

Mr. VINSON. It is the same thing?

Captain NUNN. Yes, sir.

May I make this observation, sir?

Due to the fact that the Navy has had for many years a system of retirement through nonselection, we have retired and do continually retire during peacetime a lot of officers at the lower grades, lieutenant, lieutenant junior grade, lieutenant commanders, and a great many.

Whereas, due to the seniority system in the Army, most officers retire from the Army at the grade of colonel.

This concession of somebody going out after 20 years' service, or perhaps less service, on retirement pay based at 2½ percent on active-duty pay is not a new one. We are accustomed to it.

Male officers in the grade of lieutenant after 20 years, perhaps even less, being retired under those conditions—not waiting until they were colonels or captains in the Navy, to have the retirement pay based on that higher mark.

We do not feel we have got to bring the nurses up to a colonel's retirement privilege and get her the 75 percent figure due to the different systems of retirement in the Army and the Navy.

Mr. VINSON. Of course the selection of the lower ones enables you to retire down at the grade of lieutenant and lieutenant commander and a great many of them are retired in those lower grades and retirement services under this provision of law.

Captain NUNN. Yes, sir.

Mr. VINSON. Two and one-half percent active-duty pay not to exceed 75 percent on that.

In the Army they will carry it all to the rank of colonel.

Captain NUNN. I believe that is what usually happens, sir.

Mr. VINSON. The ordinary retirement takes place at the higher ranks instead of the lower ranks?

Captain NUNN. Yes, sir.

Mr. VINSON. And when it takes place in the rank of colonel it is upon a different percent?

Captain NUNN. No, sir; the same percent, but they have then completed 30 years service due to the seniority system which permits them retaining until the career is finished, whereas we forcibly have been selecting them out.

Mr. VINSON. Because our objective has been to get them out early?

Captain NUNN. Yes, sir.

Mr. VINSON. Instead of the higher grades?

Captain NUNN. Yes, sir. We are accustomed to retire lieutenants at 2½ percent.

Mr. VINSON. Of course if you make it 3 percent, the nurses would have an entirely different percentage of retirement than that of the line and the staff of the Navy.

Captain NUNN. Yes, sir.

We feel that uniformity in retirement within the Navy is important.

Mr. VINSON. Of course it is. And at the same time there should be as much uniformity in corresponding corps in the Army and Navy.

Captain NUNN. Yes, sir.

Mr. VINSON. Now this is a very important question.

Captain NUNN. Yes, sir. This focuses attention on the fundamental difference between the Army and the Navy.

Mr. VINSON. And I know all about that.

Well, let us pass over this.

Mrs. SMITH. General Kirk.

General KIRK. The men passed over in the Navy are selected out and are the ones not the best officers. They are selected out in the junior grades to allow promotion flow, and they are not the best.

We are selecting these nurses out because they are not good any more.

These are nurses that have finished the career and this is as far as they can go.

I would like to propose this: If the committee does not consider 3 percent advisable as retirement, I would like to recommend the committee change and not retire major and lieutenant colonels at the age of 55 but put them at 50 if the rate is to be 2½ percent.

Mrs. SMITH. You have heard the motion.

Mr. VINSON. Wait 1 minute.

Now that would have the same effect as putting it back at 50 instead of 55.

From a money standpoint, would it be the same as 3 percent?

General KIRK. I would not know about the money, but I was thinking if you raise the age of a lieutenant commander in the Navy to 55 years because the Army had its sights set that way from 50 we compromised so that we could retire those people at 55 instead of 50 so we could get this scheme of retirement for 3 percent to fit the Army and make it more equitable.

Now if we are going to 2½ percent, I would like to see the retirement of a lieutenant commander at the age of 50 instead of 55 where we have set it.

Mr. VINSON. Well, you see the position you are in. You are going to have this: If you put this 3 percent then you will have one little group in the Navy that has a different percentage than every other retirement group in the Navy.

General KIRK. Yes, sir.

Mr. VINSON. Is that not correct?

General KIRK. That is correct, sir; but we are putting another limiting factor on.

The majority of those women are only going to the grade of lieutenant commander, junior grade. That is where they stop. They do not go up through the various grades to captain. Only one makes it.

Mr. VINSON. Why would not those that retired at the lower grades of the Navy apply that same principle?

General KIRK. Those men?

Mr. VINSON. Of course they are passed over for the simple reason not that they are the best in their grade.

General KIRK. Well, we propose to have the same thing for nurses of selection out, and they will go out at 2½ percent unless they are 50 years old. Nothing at all in the Army.

Mr. VINSON. I suggest, Madam Chairman, that we pass over this and think about it tonight, and let us go to the next section.

Mrs. SMITH. Are you withdrawing your motion, Mr. Vinson?

Mr. VINSON. Yes.

Admiral SWANSON. Madam Chairman, I would like to give you another thought on this matter.

Many male officers of the Navy are forced out after 21 years of service because of lack of selection. They must retire at 2½ percent per annum active-duty pay. Most of them are married officers, and their responsibility is every bit as great as a nurse officer who in this case is a single officer. The financial responsibility of a male officer is greater.

Captain NUNN. The nurses would be unmarried normally.

Admiral SWANSON. The nurse is unmarried.

Mr. DURHAM. And that would be around the rank of commander after 20 years, sir?

Admiral SWANSON. Lieutenant commander if he fails of selection after 21 years. He goes out at 2½ percent per annum for 21 years.

Mr. DURHAM. Of course there is quite a difference in his pay than there would be in this type of officer.

Admiral SWANSON. The same pay, and he has much more family responsibility.

Mr. DURHAM. You say there would be only one of that rank?

Mr. VINSON. Let me ask you this question: If the Army was to give 3 percent, and the Navy was to keep it at 2½ percent, the Army has no objection to that?

Captain NUNN. You mean we have no fuss about that?

Mr. VINSON. That is what they have been doing from time immemorial.

Captain NUNN. No, sir; we have no objection.

Mr. VINSON. Not a bit in the world?

Captain NUNN. No.

Mr. VINSON. Why let it go along on the 2½ percent and let the Army stand on it. Just let them alone.

General KIRK. If the committee so considers it, it is pleasing to us.

Mr. RIVERS. And then if an objection comes on the floor we can say this: The Congress is at fault because the Congress only provided for the system which the Navy has and never provided for the system to make the Army equal to the Navy.

Mr. VINSON. If this is the only difference between the two in this set-up, it will not amount to much.

Mr. RIVERS. Therefore, we will be justified if we do have any discrepancy because it is Congress' fault, not the Army or the Navy.

Then in that new bill which comes out we can adjust all these things.

Mr. VINSON. Let the Army stand at 3 percent and the Navy at 2½ percent, and if we have got everything but those two together, we have done a fine piece of work.

Captain NUNN. Do we want to make a bid to go back for 50-year retirement for lieutenant commanders?

Admiral SWANSON. Yes.

Captain NUNN. We would like to return to 50 year retirement for lieutenant commanders.

Mr. VINSON. We will do that.

Captain NUNN. We cannot say, we are asking to.

Mr. VINSON. You are asking to?

Captain NUNN. Yes.

Mr. VINSON. That is what I mean. I say you will agree.

Captain NUNN. Two and one-half percent retirement. We have no objection to the Army retiring at 3 percent.

Mr. VINSON. Well, we have got certain responsibilities. Responsibility to try to have as much equality and sameness in the services as possible and not have it said that you do anything for one branch of the service and do another for another branch.

I suggest that for the time being, just let this 2½ percent stand over until we get around to the arms bill and we will try to have as much uniformity in retirement, and everybody coming in as possible.

And we are not going to kick this out right now. Let us read the other section.

Mrs. SMITH. Do you want to move to accept that section as it is?

Mr. VINSON. I move that we pass over (e), (f), (g), (h), (i), and (j). They all relate to retirement based on 2½ percent, do they not? Is that not what all of them relate to?

Captain NUNN. No, sir; they relate to other things connected with retirements.

Mr. VINSON. Well, 2½ and 3 percent on each one.

Captain NUNN. No, sir.

Mrs. SMITH. Is this the only section that the Army and the Navy differ on?

Captain NUNN. So far it is.

Mrs. SMITH. So far.

Captain NUNN. Yes.

Mrs. SMITH. The rest of this section is pretty much like the Army section?

Captain NUNN. I am not sure about that.

Mr. VINSON. Let us read the next one and find out.

Mrs. SMITH. Without objection the committee will pass over subsection (e), returning to it later and read (f), Captain Nunn.

Captain NUNN (reading):

An officer of the Nurse Corps retired by reason of physical disability incurred in the line of duty shall, if placed on the retired list in a rank higher than her permanent rank, receive retired pay equal to 75 per centum of the active-duty pay to which she would be entitled if serving, at the time of retirement, on active duty in the rank in which placed upon the retired list.

Physical disability retirement, 75 percent.

Mr. VINSON. You have got that, too?

General KIRK. Except in that higher grade.

Mr. VINSON. That is right.

Mrs. SMITH. Is there any objection to section (f)? Any discussion?

Without objection, subsection (f) is adopted by the committee.

(g), Captain Nunn.

Captain NUNN (reading):

An officer of the Nurse Corps retired other than by reason of physical disability incurred in the line of duty shall, if placed on the retired list in a rank higher than her permanent rank, receive retired pay equal to 2½ per centum of the active-duty pay to which she would be entitled if serving, at the time of retirement, on active duty in the rank in which placed upon the retired list, multiplied by the number of years for which entitled to credit in the computation of her active-duty pay, not to exceed a total of 75 per centum of said active-duty pay.

That is a similar provision for other officers of the Navy under existing law.

Mrs. SMITH. Is there any discussion?

Captain NUNN. That is again at advance rank.

Mrs. SMITH. Is there any objection to the section? Any discussion? Any questions?

If not, section (g) is adopted by the committee as read.

All right, Captain Nunn, (h).

Captain NUNN. I might remark that if the provisions of Public Law 305 or similar provisions are made applicable to the Army, there will be less need for 3 percent as against $2\frac{1}{2}$ percent for Army retirements. That would give an advanced rank and retirement pay basis upon the advanced rank.

Mr. VINSON. Wait one minute.

Of course I think the committee is going to give the Army the benefit of being retired at the higher temporary rank they have. Of course they are going to do that. If that is given them, General, would that permit you to reconcile your percentage down to $2\frac{1}{2}$ percent?

General KIRK. No, sir; I am thinking this law will be in effect 20 years from now. I am thinking of the nurse with no war rank. I do not think we should consider that. That is just for the immediate people that fought this war.

Mr. VINSON. All right.

Captain NUNN (Reading).

(h) In any instance in which retired pay is computed as prescribed in subsections (e) and (g) of this section, a fractional year of six months or more shall be considered a full year in computing the number of years by which the rate of $2\frac{1}{2}$ per centum is multiplied.

Provision applicable to other officers of the Navy in computing their retirement pay at the present time.

Mrs. SMITH. Is it necessary to pass over that?

Mr. VINSON. No, that is just a fraction of a year.

Mrs. SMITH. Is there any objection to section (h)? Any discussion?

Without objection committee adopts subsection (h) as read.

All right, Captain Nunn, (i).

Captain NUNN (reading):

(i) The number of years service to be credited to officers of the Navy Nurse Corps in determining their eligibility for voluntary retirement shall be based on the total of all active service either under an appointment or contract or as a commissioned officer in the Nurse Corps of the Army or Navy, or the reserve components thereof and all active service in the Nurse Corps or the Nurse Corps Reserve abolished by this Act shall, for this purpose only, be regarded as commissioned service in the Navy or the reserve components thereof, as the case may be.

That serves for the nursing service they have had.

Mr. VINSON. That is taking into consideration all of their nursing service?

Captain NUNN. Yes, sir.

Mr. VINSON. To make up for the length of time.

Captain NUNN. Yes, sir.

Mrs. SMITH. Is there any discussion?

Mr. VINSON. You have got that principle in your bill?

General KIRK. Yes, I think there was one there. Is that all Regular Army nurse service?

Captain NUNN. Yes.

General KIRK. Not as civil service?

Captain NUNN. No; commissioned officer in the Nurse Corps or Army Nurse Reserve component thereof and all active service in the Nurse Corps or the Nurse Corps Reserve abolished by this act.

Mr. VINSON. That accounts for all?

Captain NUNN. Yes, sir.

Mr. VINSON. All right.

Mrs. SMITH. Is there any objection to subsection (i)?

Without objection subsection (i) is adopted as read.

Captain Nunn, (j)?

Captain NUNN (reading):

(j) Retired officers of the Navy Nurse Corps shall be authorized to bear the title, and under such regulations as may be prescribed by the Secretary of the Navy, to wear the uniform of the rank with which retired.

Mr. VINSON. You mean in peacetime you are going to permit them to wear the uniform?

Captain NUNN. Yes, sir. Just like retired officers.

Mr. VINSON. Under such regulations that permit the retired officers to wear their uniforms?

Captain NUNN. Yes.

Is that the same as the Army?

General KIRK. That is not in our bill.

Mr. RIVERS. So when he goes to the convention, he can be all decorated?

Captain NUNN. Yes, sir.

Mrs. SMITH. Without objection section (j) is adopted as read.

We cannot act on this full section until we come back to subsection (e).

Shall we proceed with section 9, Captain?

Captain NUNN (reading):

SEC. 9. (a) All provisions of law relating to pay, leave, money allowances for subsistence and rental of quarters, mileage and other travel allowances, or other allowances, benefits, or emoluments, of male officers of the Navy, except those provisions relating to the same subject matter provided for in subsection (b) of this section, are hereby made applicable to officers of the Nurse Corps: *Provided*, That the husbands of officers of the Navy Nurse Corps shall not be considered dependents of such officers unless they are in fact dependent on their wives for their chief support, and the children of such officers shall not be considered dependents unless their father is dead or they are in fact dependent on their mother for their chief support: *Provided further*, That officers of the Nurse Corps may be subsisted in hospital messes in accordance with section 17 (a) of the Act of August 2, 1946 (Public Law 604, Seventy-ninth Congress, second session), and such officers may be assigned quarters in naval hospitals under such regulations as the Secretary of the Navy may prescribe.

Mr. VINSON. Let us get the first one there.

except those provisions relating to the same subject matter provided for in subsection (b) of this section.

Admiral SWANSON. Lieutenant, colonel, and so forth.

Mr. VINSON. That is right. This is it.

Mr. RIVERS. Is that not the same thing we passed in the Naval Affairs Committee when we had to consider the Waves, Captain?

Captain NUNN. Yes, sir, that is the problem which also exists with respect to the Waves.

Mr. RIVERS. Talking about dependents and so forth.

Captain NUNN. Yes, sir.

Mr. SMITH. Are husbands considered dependents in the Army, General Kirk?

General KIRK. Husbands?

Off the record, please.

Mrs. SMITH. Yes.

(Discussion off the record.)

Mrs. SMITH. Were you referring to the Wacs, Captain Nunn. Tell us all about them.

Captain NUNN. Yes.

The second proviso provides:

That officers of the Nurse Corps may be subsisted in hospital messes in accordance section 17 (a) of the act of August 2, 1946.

And such officers may be assigned quarters in naval hospitals under such regulations as the Secretary of the Navy may prescribe.

The act of August 2, 1946, section 17 (a) of the act of August 2 provides in part, and the part which is applicable here:

Members of the Nurse Corps may be subsisted in hospital messes under such regulations as the Secretary of the Navy may prescribe and nurses so subsisted shall pay therefor the rates to be fixed by such regulations provided that nothing herein contained shall deprive such nurses of allowances for subsistence now or hereafter provided by law.

That was enacted and reported out of the Naval Affairs Committee last year because of a situation under which nurses were subsisted in hospitals and thereby lost their subsistence allowances whereas it is better to have them, if they are subsisted in hospitals, pay for their food and not lose their allowances.

Mrs. SMITH. What does the Army have?

General KIRK. That is the way we do. They receive allowances and pay per diem for food or subsist elsewhere.

Mrs. SMITH. Is there any discussion of section 9 (a)? Any question

Admiral Swanson. Madam Chairman.

Mrs. SMITH. Admiral Swanson.

Admiral SWANSON. I think it would be well to have another section whereby the Secretary of the Navy under the circumstances and in accordance with regulations prescribed by the President may terminate the commission of any officer commissioned in the Nurse Corps established by this act. That would take care of the married officer.

Mr. VINSON. Well, as a matter of fact, all officers in the Army and the Navy both hold their commissions at the pleasure of the President. He can revoke them at any time he gets ready, but it is all right to put it in.

Mrs. SMITH. Do you think it is necessary to make it clear?

General KIRK. We thought it was necessary in our bill.

Mr. VINSON. That is all right.

Mrs. SMITH. Do you make the motion?

Mr. DURHAM. That would be a new section?

Mr. VINSON. I would put it down after longevity.

Mrs. SMITH. Will you withhold that then?

Mr. RIVERS. After longevity.

Mrs. SMITH. Are there any changes to this section?

Mr. VINSON. No, that is all.

Mrs. SMITH. Without objection, section 9 (a) is adopted by the committee. Will you read (b), Captain Nunn?

Captain MUNN (reading):

Longevity pay for officers of the Navy Nurse Corps shall be based upon the total of all periods of service during which they have held or shall hold appointments as nurses or as commissioned officers in the Nurse Corps of the Army, Navy, or Public Health Service, or the reserve components thereof.

Mrs. SMITH. Is that the same as the Army has?

General KIRK. While they are on active duty, I presume that implies.

Captain NUNN. All periods of service.

General KIRK. It does. We give credit in the Army to a nurse that had been in the Navy or otherwise.

Mrs. SMITH. But the same is comparable to this?

Mr. DURHAM. I move the question.

General KIRK. Reserve service or active duty? There can be someone in the Reserve there to get credit for it.

Mr. VINSON. It should be active duty.

General KIRK. Yes, sir.

Mr. VINSON. That is what is intended.

Captain NUNN. Yes, sir; you should put the word "active" between the words "of" and "service" on line 16.

Mrs. SMITH. Does someone make that as a motion?

Mr. DURHAM. I make the motion.

Mrs. SMITH. Seconded?

Mr. VINSON. I second it.

Mrs. SMITH. It has been moved and seconded that subsection (b) be changed to read, line 16:

shall be based upon the total of all periods of active service.

Without objection, the amendment is adopted. Is there any further discussion on (b)?

Any questions?

Without objection, subsection (b) is adopted by the committee.

Will someone offer the motion to include the amendment proposed by Admiral Swanson?

Mr. VINSON. Has it been prepared?

Captain NUNN. Yes, sir.

It would become section 10 between lines 20 and 21 on page 10. Add section 10 as follows:

The Secretary of the Navy under the circumstances and in accordance with regulations prescribed by the President, may terminate the commission of any officer commissioned in the corps established by this act.

Mrs. SMITH. Is there any discussion on this?

Mr. DURHAM. I move that it be adopted.

Mr. RIVERS. I second it.

Mrs. SMITH. It has been moved and seconded that the new section, 10, as read by Captain Nunn be adopted.

Mr. DURHAM. And the section be renumbered, and also move to change the section 10 to section 11.

Mrs. SMITH. You have heard the motion of Mr. Durham, seconded, that section 10 be renumbered section 11.

Mr. VINSON. Madam Chairman, I suggest it is 4 o'clock, that we got to the Reserve Corps, let us put that off until tomorrow morning, and then finish that and take up the Army bill and hold a meeting from 10 o'clock in the morning until 12 o'clock.

Mrs. SMITH. Is there any objection by the committee to adjourning until tomorrow morning at 10 o'clock?

Is it convenient for the witnesses?

Off the record.

(Discussion off the record.)

Mr. DURHAM. I move that we adjourn until Monday.

Mr. VINSON. Before we do, I would like to put into the record about Secretary Forrestal's, whatever it was, about the Hospital Corps, where he lauds them on the great work they have done in the war, and, Madam Chairman, if that is in order, I notice it was referred to in the paper.

It might be we could get hold of the statement he made and insert that in the record for the committee.

Mrs. SMITH. Will you provide that, Admiral Swanson, for the records of the hearing?

Admiral SWANSON. Yes, ma'am.

(The document is as follows:)

THE HOSPITAL CORPS, UNITED STATES NAVY, A COMMENDATION BY THE
SECRETARY OF THE NAVY

Out of every 100 men of the United States Navy and Marine Corps who were wounded in World War II, 97 recovered.

That is a record not equaled anywhere, any time.

Every individual who was thus saved from death owes an everlasting debt to the Navy's Hospital Corps. The Navy is indebted to the corps. The entire Nation is its debtor, for thousands of citizens are living normal, constructive, happy and productive lives who, but for the skill and toil of the Hospital Corps, might be dead or disheartened by crippling invalidism.

So, to the 200,000 men and women of the Hospital Corps, I say in behalf of the United States Navy: "Well done. Well done, indeed!"

Without your service, the Navy's Medical Corps could not have achieved the lifesaving record and the mindsaving record its physicians and surgeons and psychiatrists achieved. That others might live, your fellow corpsmen have given their lives; 889 of them were killed or mortally wounded. Others died as heroically from diseases they were trying to combat. In all, the corps' casualty list contains 1,724 names, an honor roll of special distinction because none among them bore arms.

The hospital corpsmen saved lives on all the beaches that the marines stormed. Corpsmen were at the forefront of every invasion, in all the actions at sea, on all carrier decks. You were on your own in submarines and the smaller ships of the fleet, performing emergency surgery at times when you had to take the fearsome responsibility of trying to save a life by heroic means or see the patient die. Your presence at every post of danger gave immeasurable confidence to your comrades under arms. Their bravery was fortified by the knowledge that the corpsmen, the sailors of solace, were literally at their sides with the skill and means to stanch wounds, allay pain and to carry them back, if need be, to safe shelter and the ministrations of the finest medical talent in the world.

You corpsmen performed fox-hole surgery while shell fragments clipped your clothing, shattered the plasma bottles from which you poured new life into the wounded, and sniper's bullets were aimed at the brassards on your arms. On Iwa Jima, for example, the percentage of casualties among your corps was greater than the proportion of losses among the marines. Two of your colleagues who gave their lives in that historic battle were posthumously cited for the Medal of Honor. One of the citations reads: "By his great personal valor in saving others at the sacrifice of his own life (he) inspired his companions, although terrifically outnumbered, to launch a fiercely determined attack and repulse the enemy force." All that he had in his hands were the tools of mercy, yet he won a memorable victory at the cost of his life.

No wonder men and women are proud to wear the emblem of the Hospital Corps! It is a badge of mercy and valor, a token of unselfish service in the highest calling—the saving of life in the service of your country.

Your corps' men and women toiled, often as dangerously, never less vitally, in areas remote from battle: In hospitals, on hospital ships, in airplanes, in laboratories and pharmacies and dispensaries. They helped, and are helping (for the task is far from over) in the salvage of men's broken bodies and minds that is the grim product and perennial aftermath of war. Some of you contributed toward new techniques in research and practice. Some used particular skills in dental technology, some engaged in pest control to diminish unfamiliar diseases, others taught natives of distant islands the benefits of modern hygiene, even to midwifery and everyday sanitation.

Scores of corpsmen, made prisoners of war, used their skill and strength to retain life and hope in their fellow captives through long years of imprisonment and deprivation.

Whatever their duty, wherever they were, the men and women of the Hospital Corps served the Navy and served humanity, with exemplary courage, sagacity and effort. The performance of their duty has been "in keeping with the highest traditions of the United States Naval Service." That, to a Navy man or woman, is the highest of praise. The corps has earned it, and continues to earn it.

For, as I said, the task is not yet completed. Thousands of the war's casualties will long need the ministrations of physicians, nurses, and the Hospital Corps before they can return to normal, peacetime pursuits. Hundreds may have to be cared for as long as they live; that these unfortunates are so few is in large measure due to the prompt, skillful aid accorded our wounded and stricken, by your corps.

Illness and accident will add to these numbers, of course. There will always be the sick and the injured, and there will always be need for trained personnel to help restore them. The Navy's busy laboratories are forever engaging in research to combat disease, to speed the healing of torn flesh and broken bones, to devise new aids for the maimed to lead a normal life. And so I am impelled to address this message not only to the men and women of the corps who have completed their service to the Navy, but to those who are presently in the corps, and, also, to those who are joining—or rejoining—in that inspiring career.

It is no easy profession, even in peacetime. There is danger in the test-tubes and culture racks as menacing as in the guns of an unvanquished enemy. The Hospital Corps is never at peace. It is forever on the firing line in the ceaseless war against disease and premature death. That is why the corps' emblem is truly "the red badge of courage," a designation to all the world that the person who wears it has been self-dedicated to the service of humanity.

Customarily the "Well done" signal is reserved for the closing phrase of a message of congratulation, but I placed it in the forefront where, in this instance, it most fittingly belongs. I repeat it, here, with the postscript that in earning its "well-done," the Hospital Corps is assured no other unit in the Navy did better in the degree of essential duty inspiringly performed.

JAMES FORRESTAL.

Mrs. SMITH (chairman of the subcommittee). Without objection the meeting stands adjourned until Monday morning at 10 o'clock.

(Thereupon, at 4:15 o'clock p. m., an adjournment was taken until Monday, February 10, 1947, at 10 a. m.)

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE No. 9 OF COMMITTEE
ON ARMED SERVICES,
HOSPITALIZATION, HEALTH (MEDICAL CORPS),
Monday, February 10, 1947.

The subcommittee met at 10:00 a. m., Hon. Margaret Chase Smith (chairman of the subcommittee), presiding.

Mrs. SMITH. The meeting will come to order, and the committee will continue with the reading of the Nurse Corps bill, H. R. 1373, beginning on page 11: Title 6—Nurse Corps Reserve. Mr. Rivers.

Mr. RIVERS. Madam Chairman, I have the statement of the Secretary of the Navy, entitled "The Hospital Corps, United States Navy:

A Commendation," which I would like to have inserted in the record. I made that motion on Friday. I have the statement, and if it is proper, I would like to have it inserted in the record at this point.

Mrs. SMITH. Is there any objection? Without objection the statement will be inserted in the record at this point.

(The statement appears elsewhere in the record.)

Mrs. SMITH. Captain Nunn, you may proceed.

Captain NUNN (reading).

The Naval Reserve Act of 1938 (52 Stat. 1175), as amended, is hereby further amended by adding after section 508 thereof, an additional title as follows:—

Mrs. SMITH. Captain Nunn, will you tell us where you are reading?

Captain NUNN. I was at the bottom of page 10. Title V of the Naval Reserve Act of 1938 deals with the WAVES, and this title VI proposed to be added here would deal with the Nurse Corps. Section 601, title VI, top of page 11, reads as follows:

SEC. 601. A Nurse Corps Reserve is hereby established which shall be a branch of the Naval Reserve and shall be administered under the same provisions in all respects (except as may be necessary to adapt said provisions to the Nurse Corps Reserve, or as specifically provided herein) as those contained in this act or which may hereafter be enacted with respect to the Volunteer Reserve.

Mrs. SMITH. Is any further explanation of section 601 necessary?

Captain NUNN. No; section 601 would add another subdivision to the present Naval Reserve, namely, the Nurse Corps Reserve, and it would be treated as a part of the Volunteer Reserve of the Navy.

Mrs. SMITH. Are there any questions?

Mr. DURHAM. Is this new legislation entirely?

Captain NUNN. Yes, sir.

Mrs. SMITH. Mr. Andrews, do you have any questions?

Mr. ANDREWS. No.

Mrs. SMITH. Mr. Anderson?

Mr. ANDERSON. No.

Mr. VINSON. As suggested by Mr. Durham, the Nurse Corps Reserve in the past did not exist?

Captain NUNN. Yes, sir. It did exist, but not as a part of—

Mr. VINSON. The voluntary—

Captain NUNN. The Voluntary Naval Reserve, or as a permanent part of the Naval Reserve participating in all the restrictions and benefits of the Naval Reserve.

Mr. VINSON. How did it exist in the past—the Nurse Corps Reserve? What was the status of the Nurse Corps Reserve in the past?

Captain NUNN. They were Reserve officers, or they were Reserve persons with officer status under temporary law when called to active duty in an emergency, and could be called to respective duty in time of peace only with their consent.

Mr. VINSON. When was the Nurse Corps Reserve established?

Captain NUNN. In 1908, sir.

Mr. VINSON. How many members were in the Reserve Corps?

Captain NUNN. I do not know, sir.

Mr. VINSON. How large an organization has it been?

Captain DEWITT. It was a very small group at that time. I cannot tell you the exact figure. That was established at the same time as the Regular Corps was, and then during World War I the Reserve nurses were called into service.

Mr. VINSON. How large an organization has it grown to be at any time?

Captain DEWITT. We had over 11,000 in our Nurse Corps, and we had a Nurse Corps, a Regular Corps, of less than 1,000, so we had over 10,000 reservists.

Mr. VINSON. About 10,000 reservists prior to World War II?

Captain DEWITT. No, sir; during World War II.

Mr. VINSON. During World War II?

Captain DEWITT. Yes, sir.

Mr. VINSON. Prior to World War II, how large was it?

Captain DEWITT. We did not have it. I think it was in 1930 or 1932 that the Reserve Corps was abolished. There were no more reservists.

Mr. VINSON. That is what I was thinking—you did not have any Reserve Corps until World War II?

Captain DEWITT. That is right, sir.

Mr. VINSON. And then you reestablished it under the act of 1908, and from there you got your reservists into the Regular service?

Captain DEWITT. Yes.

Mr. VINSON. As temporary appointees?

Captain DEWITT. That is right, sir.

Mr. DURHAM. You had the law, but you did not use it?

Captain DEWITT. We had the law, and did not use it.

Mr. VINSON. How do you contemplate recruiting new members of the Nurse Corps Reserve? What is your method of recruiting them?

Captain NUNN. Well, we have not started recruiting any reserves.

Mr. VINSON. Well, have you any plans worked out?

Captain NUNN. We are working on plans now. We have sent out questionnaires to each reservist on inactive duty, to find out how many we have that could be called back into service. The law saying that married nurses are not eligible to remain in the service is going to take quite a toll.

Mr. VINSON. Well, of course, none of them—that is, the reservists—can be called back except in case of a national emergency; is not that correct?

Captain NUNN. Yes, sir.

Mr. VINSON. The volunteer reservists can only be called back in case of a national emergency; is that correct, Captain Nunn?

Captain NUNN. That is correct.

Mr. VINSON. So that anyone who goes into the Nurse Corps Reserve cannot be ordered and assigned to duty by the Secretary of the Navy, they can only come back when a national emergency exists?

Captain NUNN. Yes, sir; unless they agree—except, with their consent.

Mr. RIVERS. On a voluntary basis?

Captain NUNN. On a voluntary basis, and provided also that funds have been appropriated for that purpose.

Mr. VINSON. All right.

Mr. RIVERS. May I ask a question?

Mrs. SMITH. Mr. Rivers.

Mr. RIVERS. Tell the committee, Captain, how this thing will work. Take, for instance, in a city where you have the armory for the Naval Reserve: Will this Nurse Corps be in addition to that, and will they have admission to that?

Captain NUNN. Yes, sir.

Mr. RIVERS. And whenever they take training or instruction, you will have this Nurse Corps Reserve as a part of that group?

Captain NUNN. Yes, sir. They will participate in such training as the Surgeon General might prescribe for them, within the funds available to him for that purpose.

Mr. RIVERS. It would be part of the Naval Reserve funds?

Captain NUNN. Yes, sir.

Mr. RIVERS. And as Mr. Vinson brought out very forcibly, we have never done that before?

Captain NUNN. No, sir, I do not think so. We have had authority since 1908 to do it, but I do not believe there has been an active Nurse Corps Reserve until this war.

Mr. RIVERS. If we have an emergency, as Mr. Vinson pointed out, you will have your Naval Reserve, and you will have an active organization of nurses to accompany that group coming into the service?

Captain NUNN. Yes, sir.

Mr. VINSON. Let me ask one more question.

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. How many Reserve organizations have you in the Navy, leaving out the fleet reservists? There is the Volunteer Reserve, and what else?

Captain NUNN. The Organized Reserve.

Mr. VINSON. The Organized Reserve. Those are the only two?

Captain NUNN. The Merchant Marine Reserve.

Mr. RIVERS. The Fleet Reserve.

Mr. VINSON. I said leaving out the fleet reservists. Will you give a brief explanation of how the Volunteer Reserve operates?

Captain NUNN. The Volunteer Reserve is composed of individuals who volunteer and qualify to become members of the Naval Reserve. They are given such training as is possible within appropriated funds, and they are available for call in time of emergency, and they can be placed on active duty in time of peace if they consent.

Mr. VINSON. Now they have rank?

Captain NUNN. They have rank.

Mr. VINSON. And they have to take whatever training is required.

Captain NUNN. The Organized Reserve is the one where training is mandatory, sir.

Mr. VINSON. And in the Volunteer Reserve no training is required?

Captain NUNN. Training in the Volunteer Reserve is not mandatory.

Mr. VINSON. They can stay in without taking training?

Captain NUNN. Yes, sir.

Mr. VINSON. Then this Nurse Corps Reserve will be covered entirely by all laws relating to the Volunteer Reserve.

Mrs. SMITH. Mr. Durham?

Mr. DURHAM. I think it would be well for General Kirk to explain the Nurse Corps Reserve as it applies to the Army at the present time, as long as we have an explanation from the Navy. What is yours in comparison to this Reserve that the Navy has?

General KIRK. We have no Reserve at the moment by statute. The Reserve nurses that came in service initially in World War I and in peace between the two wars, and early in World War II, were nurses recruited by the Red Cross and made available to us. It was

a reserve carried by the Red Cross, who carried the rolls, and so forth. During the war we had on duty some sixty-odd thousand nurses in the Reserve that eventually were commissioned.

We propose to set up a reserve, inactive, asking for legislation, but we have a Volunteer Reserve which will operate under the rules that all Reserves in the Army will operate under in the future. I believe there are plans at the War Department at the moment for a reserve of the Army. It is in the planning stage at the moment for future legislation.

Mr. VINSON. Future legislation?

General KIRK. If legislation is needed. I cannot tell you whether it is or not. But we propose to have a reserve of nurses that we can call on in peace to supplement our regular corps, with their consent, and have them available for another emergency, but we do not propose to give any training to those nurses. There will be a list of nurses who have qualifications from the proper schooling, and that are registered nurses, and who meet any other requirements that the War Department has for its Voluntary Reserves. Does that answer your question?

Mr. VINSON. It is not possible to put it in this legislation at the present time?

General KIRK. We have it written into our bill, if we may read what is in our bill.

Mr. VINSON. We will get to that later.

Colonel KINTZ. Reading from S. 504, page 20, line 16, section 214:

Effective the date of enactment of this Act, there shall be established in the Officers' Reserve Corps of the Army of the United States an Army Nurse Corps Section and a Women's Medical Specialist Corps Section.

SEC. 215. Except as otherwise specifically provided, all laws and regulations now or hereafter applicable to commissioned officers and former commissioned officers of the Officers' Reserve Corps, and to their dependents and beneficiaries, shall, in like cases, be applicable respectively to commissioned officers and former commissioned officers of the Army Nurse Corps Section and the Women's Medical Specialist Corps Section of the Officers' Reserve Corps, and to their dependents and beneficiaries.

SEC. 216. Appointments in the Army Nurse Corps Section and the Women's Medical Specialist Corps Section of the Officers' Reserve Corps may be made in such grades and under such regulations as may be prescribed by the Secretary of War, from female citizens of the United States, who have attained the age of twenty-one years, and who possess such physical and other qualifications as may be prescribed by the Secretary of War: *Provided*, That female officers appointed pursuant to the Act of June 22, 1944, and honorably separated from the service thereafter may, if otherwise qualified, be appointed in the appropriate section of the Officers' Reserve Corps established hereby in the highest grade satisfactorily held by her in active service.

SEC. 217. In addition to the obligation to render active service now or hereafter provided with respect to other members of the Officers' Reserve Corps a member of those sections established in the Officers' Reserve Corps by this title may, with her consent, be called to active duty by the Secretary of War for any period or periods of time according to the needs of the Military Establishment, as determined by the Secretary of War.

Mrs. SMITH. Mr. Andrews, do you have any questions?

Mr. ANDREWS. No.

Mrs. SMITH. Mr. Bates?

Mr. BATES. No.

Mrs. SMITH. Mr. Winstead?

Mr. WINSTEAD. No.

Mrs. SMITH. Mr. Anderson?

Mr. ANDERSON. No.

Mrs. SMITH. Admiral Swanson, will you tell me if you intend to keep any of the reservists on active duty?

Admiral SWANSON. Not after the termination of the war.

Mr. RIVERS. And 6 months.

Admiral SWANSON. Six months after the termination of the war.

Mrs. SMITH. Are there any further questions on section 601?

Mr. DURHAM. I move the adoption of section 601.

Mrs. SMITH. Mr. Durham moves the adoption of section 601 as read. Without objection, section 601 is adopted. Proceed, Captain.

Captain NUNN. I suggest an amendment to section 602, in line 9 of page 11.

Mr. VINSON. Let us read it first.

Captain NUNN. Of quotation marks before the word "Section." [Reading:]

"Sec. 602. Members of the Nurse Corps Reserve may be commissioned in appropriate ranks corresponding to those of the Nurse Corps of the Regular Navy in accordance with such regulations as the Secretary of the Navy may prescribe. Such members of the Nurse Corps Reserve, when on active duty, shall have the same authority in and about naval hospitals and other activities of the Medical Department of the Navy as officers of the Nurse Corps of the Regular Navy."

Mrs. SMITH. Will you explain that section, Captain Nunn?

Captain NUNN. That gives the Reserve officers when on inactive duty or active duty the same type of military rank as members of the Nurse Corps of the Regular Navy enjoy, and provides that when on active duty that they shall have the same type of authority as members of the Regular Navy Nurse Corps.

Mr. VINSON. Captain, as a matter of fact, any officer, whether he is in the Regular Navy or the Reserve Corps on active duty has the same authority. That is law.

Captain NUNN. Yes, sir.

Mr. VINSON. Whenever any officer on inactive duty is called to active duty, then he is under the same rules and regulations and law as if he were a regular officer, so it is not necessary to put it in the bill.

Mr. RIVERS. It cannot hurt to have it.

Captain NUNN. We thought it best.

Mrs. SMITH. Mr. Andrews, any questions?

Mr. ANDREWS. No.

Mrs. SMITH. Mr. Anderson?

Mr. ANDERSON. No.

Mrs. SMITH. Mr. Rivers?

Mr. RIVERS. No questions.

Mrs. SMITH. Mr. Durham?

Mr. DURHAM. No questions.

Mrs. SMITH. Mr. Winstead?

Mr. WINSTEAD. No questions.

Mrs. SMITH. Mr. Bates?

Mr. BATES. No questions.

Mrs. SMITH. Captain Nunn has suggested an amendment to section 602, that quotation marks be placed before the word "Section." Without objection the amendment is adopted. Is there any objection to the acceptance of section 602? I hear none.

Mr. RIVERS. I move the adoption as amended.

Mr. VINSON. I second the motion.

Mrs. SMITH. Without objection, section 602 is adopted. All right, Captain Nunn.

Captain NUNN (reading):

SEC. 603. The Reserve established by this title shall be composed of members who are female citizens of the United States and who shall have such professional or other qualifications as shall be prescribed by the Secretary of the Navy.

Mrs. SMITH. Are there any questions on section 603?

Mr. BATES. Captain, what do you mean by "or other qualifications"?

Captain NUNN. Age, perhaps.

Mr. BATES. Why should it not be "who shall have such professional and other qualifications," instead of "or other qualifications"?

Captain NUNN. Well, I think "or" includes "and" in that case, sir.

Mr. BATES. All right.

Mr. RIVERS. I move its adoption.

Mr. DURHAM. I second it.

Mrs. SMITH. Without objection, section 603 is adopted as read. All right, Captain Nunn.

Captain NUNN (reading):

SEC. 604. All nurses of the Volunteer Reserve appointed under the authority of title 1, section 4, of this act are hereby transferred to the Nurse Corps Reserve established by section 601 of this title in such permanent ranks as the Secretary of the Navy may determine and the temporary ranks held by those on active duty on the effective date of this title shall not be vacated by reason of such transfer. Each nurse so transferred, who at the time of such transfer had to her credit leave accrued but not taken, may, subsequent to such transfer, be granted such leave without loss of pay and allowances.

Mrs. SMITH. Will you explain that section?

Mr. RIVERS. It clarifies the transfer, does it not?

Captain NUNN. Yes, sir. The Naval Reserve Act of 1938 permits our having nurses in the Reserve Corps, and this section refers back to title 1 of the Naval Reserve Act of 1938 to provide for the transfer of such nurses as may already be in the Reserve, to the reserve created by this new section, and to provide that they shall have permanent rank as established by the Secretary of the Navy, but if they do enjoy a temporary rank, the temporary rank which they now hold shall not be vacated by the fact that they are given permanent rank by the Secretary when transferred.

Mr. RIVERS. It guarantees their accrued leave?

Captain NUNN. It guarantees their accrued leave if they have any coming to them, that they will not lose it by reason of the transfer.

Mrs. SMITH. Are there any questions? Do I hear a motion?

Mr. RIVERS. I move its adoption.

Mr. DURHAM. I second it.

Mrs. SMITH. It is moved and seconded that section 604 be adopted as read. Section 11.

Captain NUNN. Section 11 ceases to be an amendment to the Naval Reserve Act of 1938. It puts us back in the field of general substantive law once more. It is not an amendment to the 1938 act as I have been reading it. [Reading:]

SEC. 11. Sections 5, 6, and 7 of the Act of April 18, 1946 (60 Stat. 92), as now or hereafter amended, shall be construed to include members of the Nurse Corps Reserve, and former members of the Nurse Corps or the Nurse Corps Reserve abolished by this Act.

Later on in this act, of course, we repeal those provisions of the law which set up the existing nurse organization, both Regular and Reserve, because those laws which will be repealed are superseded by this law. Sections 5, 6, and 7 of the act of April 18, 1946, are those sections of the law enacted last year which authorize the permanent enlisted strength of the Navy and provide for the transfer of Reserve officers to the Reserve Navy.

Section 5, which is referred to in section 11 of our bill, is applicable to these new nurses, and provides that the President may appoint male officers of the Naval Reserve and of the Marine Corps Reserve, officers of the Regular Navy and Marine Corps without permanent appointments therein, commissioned warrant and warrant officers of the Regular Navy and Marine Corps with temporary appointment in higher ranks or grades, and any person who served on active duty in any such capacity in World War II and shall have been separated from such officer status under honorable conditions, may be appointed by the President to permanent warrant grade, or, with the advice and consent of the Senate to permanent commissioned grades and ranks in the Regular Navy and Marine Corps, respectively.

So if section 5, of which I have just read a portion, is applicable to those nurses, our Reserve nurses might be inducted into the Regular Navy under the authority of this act.

Mrs. SMITH. Are there any questions?

Captain NUNN. Section 6 of the act of April 18, 1946, provides that the commission of any appointee under subsection (a) of section 5 may be revoked by the Secretary of the Navy until the latest date on which the commission of any officer (or in the case of officers of the Staff Corps of the Navy, an officer in his corps) senior in lineal position to that assigned such appointee pursuant to regulations established under subsection (c) (of section 5 of this act) is revocable.

That means that nurses appointed to the Regular Navy under this act, appointed from the Naval Reserve to the Regular Navy under authority of this act, would serve under the same conditions of revocability of commissions as male officers transferred to the Regular Navy under authority of this bill.

Mr. RIVERS. Madam Chairman, may I ask a question at this point?

Mrs. SMITH. Certainly, Mr. Rivers.

Mr. RIVERS. This reconciles the law with respect to nurses the same as it does with respect to other Reserve officers?

Captain NUNN. Yes, sir.

Mr. RIVERS. We have to carry the ball on the floor for this, so we ought to know something about it. Would you for the record state what would happen when your reservists are called for training, what will happen to the component part, being the nurse part of it, with respect to nurses? What would Admiral Swanson do when he calls out the Naval reservists? How will he train a reservist?

Mr. VINSON. They are already trained.

Mr. RIVERS. How will you keep them in training?

Mr. VINSON. Put them to work.

Admiral SWANSON. Put them in our hospitals and dispensaries.

Mr. RIVERS. Say you call out a hundred thousand Naval Reserves, what are you going to do about the nurses?

Admiral SWANSON. Place them in hospitals, hospital ships, and naval dispensaries.

Mr. RIVERS. And whenever the Bureau of Naval Personnel calls out 100,000, or 25,000, or any component part of the Naval Reserve, you will automatically put the nurses in the hospitals, dispensaries and ships?

Admiral SWANSON. That is correct.

Mr. RIVERS. Is that automatic, or how will that be accomplished?

Admiral SWANSON. That would become automatic.

Mr. RIVERS. It will be automatic?

Admiral SWANSON. Yes, sir.

Mr. RIVERS. If we should have another war, whenever the Naval reservists are mobilized, you will have your separate corps trained and have everything to accompany them?

Admiral SWANSON. That is correct, sir.

Mr. BATES. The Naval Reserve units are set up in units of 200 and I presume the purpose of this legislation so far as the Naval Reserve nurses are concerned, is to provide each of those units or several units combined, with a nursing corps?

Admiral SWANSON. That is correct.

Mr. BATES. And when those Naval Reserve Corps units are called into active service or into training over any specific period of time, they have, of course, as a component part of the unit, nursing representation?

Admiral SWANSON. That is correct.

Mr. BATES. And those go along with the unit. I do not know if there is any provision, Captain Nunn, for calling the Naval Reserve into any specific period of training. The only requirement at present is 1 night a week. I do not believe there is any requirement, other than that.

Captain NUNN. I believe not.

Mr. BATES. One night a week, and I presume the nurse as part of that unit or several units will report 1 night a week to become acquainted with her work and her men in the unit.

Mr. RIVERS. If you will yield, they are now taking the naval reservists out on battleships?

Admiral SWANSON. Yes.

Mr. BATES. But they go voluntarily.

Mrs. SMITH. Admiral Swanson, how much special training will the Navy nurse reservist need, other than that which she has in the regular hospitals?

Admiral SWANSON. Very little, Madam Chairman, except indoctrination as to naval procedure.

Mrs. SMITH. How long a process is that?

Admiral SWANSON. One month they used as the standard in the last war.

Mr. RIVERS. Madam Chairman, if I might be permitted to do so, I would like to ask General Kirk what would happen on Army maneuvers about the Army set-up with respect to the Nurse Reserve. You say you contemplate having one.

General KIRK. I do not believe we would be calling these women in for any special service of training. We will need reserve nurses possibly to supplement the nurses we have in our hospitals, to hospitalize reserve units on active duty. If reserves are called to active duty it increases our hospital load, and we would then need more nurses, that would require greater nursing service in our hospitals, so we might call reserve nurses to active duty for those hospitals.

As I say, the plan as to what we are going to do with a Reserve, either for officers or nurses, is not completed yet in the War Department as to the training of Reserves as individuals or units, that has not been completed.

Mr. RIVERS. But you do have a program whereby you can and will formulate a plan so that they may have the instruction along with it. Say you call out two or three hundred thousand National Guardsmen, you have a plan whereby the nurses of the Army Reserve will have the instruction along with maneuvering in the Army?

General KIRK. If we need them, we will. They will not do much in maneuvering with an army. If there is an affiliated unit of an evacuation hospital, it has its nurse complement, and when that unit goes to the field, they would be called with that unit.

Mrs. SMITH. Is there any further explanation, Captain Nunn?

Captain NUNN. Section 7 of the act of April 18, 1946, referred to in section 11, reads as follows:

Notwithstanding any other provision of law, each officer of the Naval Reserve and of the Marine Corps Reserve, and each officer of the Regular Navy and Marine Corps without permanent appointment therein, appointed to officer rank in the United States Navy or United States Marine Corps pursuant to this Act who at the time of such appointment had to his credit leave accrued but not taken, may, subsequent to appointment, be granted such leave without loss of pay or allowances.

Mr. VINSON. The whole Reserve Corps receives the same benefits as the Volunteer Reserve?

Captain NUNN. Yes.

Mr. VINSON. All that applies to the Volunteer Reserve applies to them?

Captain NUNN. Yes, sir.

Mrs. SMITH. Are there any further questions or explanations? Without objection section 11 is adopted as read.

Mr. SMART. Madam Chairman, I suggest for the record that it would appear section 11 should be renumbered as section 12. We inserted another section, if you will remember, so this should be section 12 and all subsequent sections should be advanced one number if adopted.

Mr. DURHAM. I so move.

Mr. ANDERSON. I second it.

Mrs. SMITH. It is moved and seconded that section 11 be made section 12, and each subsequent section be renumbered accordingly. Without objection the sections will be renumbered.

Captain Nunn, you may proceed with section 13.

Captain NUNN (reading):

SEC. 13. Nurses appointed to commissioned rank pursuant to section 4 of this Act, who, under a prior appointment in the Nurse Corps, shall have subscribed to the oath of office as required by section 1757, Revised Statutes, shall not be required to renew such oath or take a new oath under her appointment as a commissioned officer in the Nurse Corps of the United States Navy if her service in the Nurse Corps after taking such oath shall have been continuous

The oath required by section 1757 of the Revised Statutes is that taken by all officers of the Navy, and I believe the Army, to support the Constitution.

Mr. RIVERS. I want to congratulate you on not overlooking a thing.

Mrs. SMITH. Are there any questions? Without objection section 13 is adopted as read. Section 14.

Captain NUNN. Section 14 is the repealer section. [Reads:]

SEC. 14. Effective six months after enactment of this Act, all laws or parts of laws inconsistent with the provisions of this Act are hereby repealed, and the provisions of this Act shall be in effect in lieu thereof and such repeal shall include but shall not be limited to the following Acts and parts of Acts:

Mr. VINSON. Madam Chairman, by the wording—

and such repeal shall include but shall not be limited to the following Acts and parts of Acts—

you are merely setting forth what this section is not limited to.

Mrs. SMITH. Each provision of this has been explained previously, Captain Nunn?

Captain NUNN. Madam Chairman, these acts listed here for specific repeal; we believe to be all of the inconsistent body of law.

Mr. RIVERS. That is the substantive law.

Captain NUNN. We are setting up the old Nurse Corps, providing for their pay and retirement, and the Reserve Corps of the Navy, and all that. That is what this does.

Mrs. SMITH. Shall we have them explained?

Captain NUNN. I am prepared to explain what each one does, if the committee wishes.

Mr. VINSON. As to the acts referred to on page 13, it says;

and the provisions of this Act shall be in effect in lieu thereof and such repeal shall include but shall not be limited to the following Acts and parts of Acts:

The following acts are exempt from the repeal.

Captain NUNN. No, sir. They are specifically repealed.

Mr. RIVERS. And this section clarifies just what this will do to the substantive law—the organic law?

Captain NUNN. Yes, sir. All inconsistent provisions of law are repealed, and we believe that these are all of them, and so we have set them forth for specific repeal.

Mrs. SMITH. Will you read, then, Captain Nunn?

Captain NUNN. Shall I explain each one?

Mrs. SMITH. Yes; if you will.

Captain NUNN (reading):

(a) The third paragraph, subheading "Repairs, Bureau of Medicine and Surgery," heading "Bureau of Medicine and Surgery," of the Act of May 13, 1908, as it appears on page 146, volume 35, Statutes at Large.

That has to be referred to in that peculiar way because that was part of the appropriations act in the old days. That is the act which established the old Nurse Corps to consist of one superintendent and as many chief nurses, nurses, and Reserve nurses as may be needed, all to be appointed by the Secretary of the Navy. It contained also the qualifications and requirements for assignment of nurses to duty. That is the old organic law establishing the Nurse Corps of the Navy as we have had it since 1908.

Mr. DURHAM. What would these qualifications be? Have you got it there in the law?

Captain NUNN. Yes, sir. I have. They had to be female citizens of the United States—

Mrs. SMITH. While the Captain is looking that up, do we have any male nurses in the Navy now?

Admiral SWANSON. We do not, Madam Chairman.

Mrs. SMITH. Do we have any in the Army?

General KIRK. We do not.

Mr. RIVERS. Do you contemplate any?

General KIRK. We do not.

Admiral SWANSON. We do not, sir.

Captain NUNN. The old provision of law, Mr. Durham, provides that—

The Nurse Corps, female, of the United States Navy is hereby established. The Nurse Corps shall consist of one superintendent to be appointed by the Secretary of the Navy, who shall be a graduate of a hospital training school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, and of as many Chief Nurses, Nurses, and Reserve Nurses as may be needed, provided that all nurses in the Nurse Corps shall be appointed or removed by the Surgeon General with the approval of the Secretary of the Navy, and that they shall be graduates of hospital training schools having a course of instruction of not less than two years. The appointment of said Superintendent, Chief Nurses, Nurses, and Reserve Nurses shall be subject to an examination as to their professional, moral, mental, and physical fitness, and that they shall be eligible for duty at Naval hospitals, and on board of hospital and ambulance ships, and for such special duty as may be deemed necessary by the Surgeon General of the Navy. Reserve Nurses may be assigned to active duty when the necessities of the service demand.

Mr. DURHAM. There is no difference in the qualifications there and in these regulations?

Captain NUNN. That is right; there is no difference between that and this [reads]:

(b) So much of the Act of May 13, 1926 (44 Stat. 531), as relates to the Navy Nurse Corps.

This act contains retirement provisions for both Army and Navy nurses for age, and includes retirement pay provisions.

Mr. RIVERS. Does that enumerate the percentage, for instance, 2½ and 3 percent?

Captain NUNN. That provides 3 percent.

Mr. RIVERS. Three percent. Therefore, we did not need to argue the other day about the 2½ and 3 percent, because there was a law existing?

Captain NUNN. That is what both the Army and Navy nurses get now upon retirement for age—3 percent.

Mr. RIVERS. You did not tell us that the other day?

Captain NUNN. Yes, sir.

Mr. RIVERS. You did?

Captain NUNN. Yes, sir.

Mr. GAVIN. I do not recall hearing you say that.

Captain NUNN. They both have it, but it was placed in the law to compensate them at that time for their low pay.

Mr. RIVERS. We are talking about this time, Captain.

Mrs. SMITH. Captain, do I understand that now it is 3 percent in both the Army and the Navy?

Captain NUNN. Yes, ma'am.

Mrs. SMITH. And that the Army is contemplating continuing the 3 percent, and the Navy is thinking about going back to the 2½?

Captain NUNN. That was our proposal.

Admiral SWANSON. Madam Chairman, this percent of pay upon retirement applies to the old pay scale of \$1,080 to \$1,800 per year. It is 3 percent of those specified amounts. It is not 3 percent of the base pay of the rank they now have.

Mrs. SMITH. Do we have 2½ or 3 percent now in the Regular Navy?

Admiral SWANSON. Nurses now are retired at 3 percent of their retired pay on the old pay scale of \$1,080 to \$1,800 per year.

Mrs. SMITH. What about the entire Navy?

Admiral SWANSON. It is 2½ percent per annum.

Mrs. SMITH. What about the Army, General Kirk?

General KIRK. The same—2½ percent.

Mrs. SMITH. And 3 percent per year under this?

General KIRK. Under the old pay scale, but we want to remember that in this proposed legislation the large majority of these nurses are not going to the full grade of colonel in the Army, they are stopping at the grade of captain, and we are retiring them in that grade, not in the grade of colonel as we do for male officers. For that reason we think they should have the 3 percent for each year's service, rather than 2½ percent.

Mr. RIVERS. When we present the bill on the floor and the question is asked "Exactly what is the retirement percent of the Army and Navy nurse?" how will the chairman answer that?

General KIRK. It depends upon what you decide to put in this bill.

Captain NUNN. Under existing law the retirement benefit for nurses in both the Army and the Navy is 3 percent per year of active service, multiplied by their base pay under the old pay scale.

Mr. RIVERS. This is 2½ percent?

Captain NUNN. No. 3 percent of the old pay scale. In other words, to give them a retired pay based upon 3 percent under this bill will result in an increase of their retirement benefits.

Mr. VINSON. What is the difference in the old base pay and the present base pay in the rank of an ensign?

Mr. BATES. \$1,500—now \$1,800. That same thing applies to second lieutenants.

General KIRK. The present base pay of an ensign or a second lieutenant with less than 5 years' service, the present pay schedule is \$2,160. The old base pay of a nurse under the old bill before they were commissioned officers was \$1,080.

Mr. WINSTEAD. If I understand this correctly, the 3 percent would figure on the \$1,080.

Admiral SWANSON. From \$1,080 up to \$1,800.

Mr. WINSTEAD. It would not amount to 2½ percent of the present pay of \$2,160?

General KIRK. Except that in the old pay bill there was no old-age limit placed on the nurse. She could stay in the service, so far as the Army was concerned, until she was 70 years of age. We are proposing that she retire at 50 years of age and not be advanced above the grade of captain.

Mr. WINSTEAD. But under your present set-up, if she should retire and her base pay is \$1,080, 3 percent of that is all that would be involved?

General KIRK. Yes, sir.

Mr. WINSTEAD. But she is really receiving \$2,160 at the present time?

Colonel BLANCHFIELD. May I point out that under the old law it was only the nurse above the grade of second lieutenant who went along with an increase in pay every 3 years as all other officers did? Now the base pay was \$1,080, and every 3 years instead of getting a 5-percent increase, the nurses were given a \$15 increase in pay up to 12

years of service. After that she did not get any increases, no matter how long she stayed in the service. However, if she happened to be fortunate in being promoted, then the first lieutenants got an additional pay of \$600 a year, the captains got \$1,500 a year, and the superintendent got \$2,500 a year in addition to their pay as nurses.

Mr. BATES. Madam Chairman, rather than having in mind the old pay rates applying both to the commissioned officers in the Army and the Navy, and the 3-percent retirement pay tied to the old rates, which, of course, probably gave them just enough to live on, here we are revising a whole pay scale, both of the Army and the Navy, and putting the nurses on the same standard of wages, the same conditions as to rates, promotions, and everything else that every other commissioned officer, both in the Army and Navy, is receiving today.

Now, having that in mind, why should we continue to maintain the retirement pay of 3 percent on those higher rates of pay for nurses who retire, say, at 50 years of age, and have a scale of 2½ percent for all the male officers, commissioned officers, in the Army and the Navy?

I do not know, but probably the large percentage of all men in the Army and Navy, for one reason or another, may have to retire at the age of 50 or under. We do not know, but I think the relative number that go through the funnel up to the higher ranks of colonel or general, or captain or admiral in the Navy is relatively few compared to those who go in at the bottom.

I think we are going to have a pretty difficult job in trying to explain why a nurse on this new elevated pay schedule is going to get 3 percent, and the men who are in the commissioned service over long periods of years, the large percentage of them, are going to be retired at 2½ percent. I do not think we are going to be able to justify that. What is your answer to that?

General KIRK. The only answer I have, and the only reason for bringing this up, is that the officer of the line who retires at 50 years of age will be above the grade of captain in the Army or lieutenant senior grade in the Navy. And so far as we are concerned, we are proposing that 97.7 percent of all of these nurses will never be promoted above that grade, and I think you will find that the average officer who is 50 years of age will be in the grade of commander or captain, under the present promotion scale.

Mr. BATES. Of course, General, we know from experience that as the men go up, the funnel gets smaller, and only relatively few go up through the top of the funnel, not a great many of them, because they are not selected; under the set-up at the present time they are forced to get out of the service at the age of 40 to 45, probably a little older, and we are giving them retirement pay at 2½ percent, at a time in life when they have families. I wonder how we will justify that.

Mrs. SMITH. The Chair would state for the benefit of the members who were called out Friday afternoon that we have been acting on H. R. 1373, adopting each section as we went along, except section 8, subsection (e), which we delayed until later. Now, would the committee like to go into this phase of the bill now while we are in this discussion, or prefer to finish this bill and go back to it?

Mr. VINSON. Let us complete what we have now.

Mr. ANDERSON. Madam Chairman, in the interest of more expeditious handling, I was going to suggest that we complete the reading

before you go back to the section you mention. In view of the fact that the present bill before the subcommittee takes the place of all of these sections which Captain Nunn is describing now, I was going to suggest that the explanation of each of these subsections of section 14 be made a part of the record, be placed in the record by Captain Nunn, instead of making an explanation of each one.

Mrs. SMITH. You make that as a motion?

Mr. ANDERSON. Yes.

Mrs. RIVERS. I second it.

Mrs. SMITH. Without objection the committee instructs Captain Nunn to include in the record the explanation of these subsections of section 14, and accepts the sections as read.

(The explanation of the remaining sections of section 13 of the bill follows:)

SYNOPSIS OF PROVISIONS OF LAWS THAT WOULD BE REPEALED BY SECTION 13
OF THE NURSE CORPS BILL

(a) Part of the act of May 13, 1908 (35 Stat. 146; 34 USCA 41, 42): Establishes the old Nurse Corps of one superintendent and as many chief nurses, nurses, and Reserve nurses as may be needed, all to be appointed by the Secretary of the Navy. Contains qualification requirements and provisions regarding assignment to duty.

(b) So much of the act of May 13, 1926 (44 Stat. 531; 34 USCA 438) as relates to the Navy Nurse Corps: This act contains retirement provisions for both Army and Navy nurses for age and includes retired pay provisions, the active service which shall count in computing eligibility for retirement, the authority to wear uniforms and bear the title while retired, and authority to employ retired nurses on active duty.

(c) So much of the act of June 20, 1930 (46 Stat. 790), as amended by the acts of March 3, 1931 (46 Stat. 1502) and October 17, 1940 (54 Stat. 1192) (all in 34 USCA 436, 437) as relates to the Navy Nurse Corps: These acts contain provisions for retirement of Army and Navy nurses for physical disability incurred in line of duty and also contains the basis for computation of their retired pay.

(d) That part of section 4 of the Naval Reserve Act of 1938 (52 Stat. 1176; 34 USCA 853b) which relates to Reserve nurses: First proviso in this section reads "female registered nurses may be appointed in the Volunteer Reserve under regulations prescribed by the Secretary of the Navy."

(e) That part of section 2 of the Pay Readjustment Act of 1942 (56 Stat. 360) which authorizes a 20 percent increase in base pay for nurses while on sea duty: They will get 10 percent as officers.

(f) That part of the Pay Readjustment Act of 1942 which contains pay provisions for the old Nurse Corps.

(g) The act of July 3, 1942 (56 Stat. 646): This act gave Navy nurses relative rank, defines the authority they may exercise, provides uniform allowance, and authorizes the Secretary of the Navy to prescribe the necessary regulations concerning the rights and privileges conferred by the relative rank (34 U. S. C. A. 262, 263).

(h) Section 7 of the act of December 22, 1942 (56 Stat. 1074): This section gives Navy nurses the same relative rank, pay, allowances, etc., as Army nurses for the duration of the war and 6 months. The superintendent made captain under this law and nurses received pay of commissioned officers for the first time.

(i) Act of February 26, 1944 (58 Stat. 105): For the duration of the war and 6 months, the superintendent and other members of the Navy Nurse Corps entitled to relative rank under existing law "shall have and shall be designated by the rank which corresponds to the relative rank heretofore provided by law for the superintendent and members."

(j) Act of December 3, 1945 (59 Stat. 594): For the duration of the war and 6 months, this act gives Navy nurses the same pay, allowances, benefits, etc., as other officers of the Regular Navy and gives them longevity credit for all their service. Also provides for physical disability retirement with 75 percent of active-duty pay retroactive to December 22, 1942.

Mr. GAVIN. At this point I should like to have included in the record an editorial which appeared in the Army and Navy Journal of February 8.

Mrs. SMITH. Is there any objection? If not, it is so ordered.
(The editorial referred to follows:)

[From Army and Navy Journal, February 8]

Prompt congressional action on the bills giving the nurses of the Army and Navy permanent commissioned status is urgently demanded in order that the Armed Forces may retain in their postwar establishments the services of those professional women whose skill and efficiency was so strikingly demonstrated in the active theaters and in the zone of the interior throughout the war. It was a significant as well as a gracious gesture on the part of Chairman W. G. Andrews (Republican, New York) of the House Committee on Armed Services, when he yielded to Representative Frances P. Bolton (Republican, Ohio) the prerogative (usually reserved for the chairman) of introducing the War Department's proposed draft of a bill to revise the Medical Department, which bill carries the provisions for the nurses. Mrs. Bolton is not a member of the committee, but she is an ardent advocate of giving proper recognition and status to the service nurses and in the last session severely criticized the War Department for its failure to submit recommendations in time for action before the expiration of the Seventy-ninth Congress. Another Congresswoman, Representative Margaret Chase Smith (Republican, Maine) is chairman of the subcommittee, which this week began hearings on the reorganization of the Nurse Corps of both the Army and Navy. Thus, with the collaboration of Mrs. Smith and Mrs. Bolton a sympathetic consideration is assured. The record of the services' nurses has been such a sparkling page in the history of the war—one marked by all the admirable traits of bravery, efficiency, sympathy, patience, and humaneness—that it seems the measures for their betterment must merit universal support. But it is speed that is now needed, for day by day war-experienced, capable nurses are accepting discharge from the Army and Navy and seeking to establish themselves in civilian positions while there is still such universal demand for their professional abilities. Many of these would rather stay in the Armed Forces if they were assured that their future career is safeguarded, that they will be eligible for retention, and that their present commissioned status, now held only by virtue of emergency legislation, will be retained. To help keep these fine women, the committee should assure, in the bill that is approved, that those nurses who served capably and efficiently in Reserve status through the war will be eligible for permanent commissions in the Regular Establishment and that there will be no arbitrarily low age limit set to bar now those who were of the proper age when they first entered on active duty.

Mrs. SMITH. It was the intent of the subcommittee to go from here to H. R. 1673, reading that bill section by section as we have H. R. 1373, and then take up section 8 (c) which we have just been discussing in connection with a similar program in the Army bill.

Mr. VINSON. Have we finished with this bill?

Mrs. SMITH. Yes.

Mr. VINSON. I suggest, Madam Chairman, that we read H. R. 1673, section by section.

Mrs. SMITH. Shall we finish this bill first? I overlooked section 15.

Mr. SMART. Madam Chairman, I have two more suggestions in regard to the renumbering of sections. In the old section 14, that is renumbered now as section 15, I refer in line 8 to the reference to section 13, also in line 4 to the reference to section 13, both of which should be changed to section 14, and in old section 15, which is now section 16, reference is made to section 13, which should be changed to read section 14.

Mrs. SMITH. Without objection, correction read by Mr. Smart will be made. Mr. Nunn.

Captain NUNN (reads):

SEC. 15. All provisions of existing law repealed by section 14 of this Act, which relate to the retirement and the retired pay of members or officers of the Navy Nurse Corps, shall remain in effect with respect to such members or officers who have been retired prior to the effective date of section 13 of this Act, and no retired member or officer of the Navy Nurse Corps shall suffer by reason of this Act any reduction or loss of retirement benefits to which she was entitled upon the effective date of this Act.

Mrs. SMITH. That is simply a clarifying section?

Captain NUNN. Yes. That provides that rights which have accrued under the provisions of law which this bill repeals, shall remain in effect.

Mrs. SMITH. Is there a motion for the adoption of this section?

Mr. RIVERS. I move the adoption of this section.

Mr. ANDERSON. What effect will that have on subsection (e), page 8, which we were referring to? Does that mean that if she is receiving 3 percent, no matter what action is taken with respect to subsection (e) she will continue to receive 3 percent?

Captain NUNN. Yes, sir.

Mr. RIVERS. And they will get in an argument with the Comptroller General, and the Navy always comes out second best.

Mrs. SMITH. Would it be well to delay action on that section until we finish with subsection 8 (e)?

Captain NUNN. I think not, Madam Chairman. It is the intent of this act to provide for the nurses who got 3 percent.

Mr. ANDERSON. Oh, under the old pay?

Captain NUNN. She would continue to get that.

Mr. ANDERSON. Under the old pay scale?

Captain NUNN. Yes.

Mr. ANDERSON. I understand that now.

Captain NUNN. This bill is not intended to reach back retroactively and raise the retirement pay of people.

Mr. BATES. But they shall not suffer?

Captain NUNN. They shall not suffer. They should have the 2½ percent apply to their pay scale.

Mrs. SMITH. Without objection section 15 is adopted as amended and read. If there is no objection, we will continue with section 16.

Captain NUNN (reads:)

SEC. 16. Except as provided in section 14 hereof, this Act shall take effect thirty days after the date of its enactment.

The reason for the 30 days delay is to allow the administrative machinery to be set up in the Navy Department to make the changes required.

Mr. RIVERS. Madam Chairman, at this point I should like to ascertain if this will make any additional need for money in the administration of this act, before the Appropriations Committee. Will you answer that, Admiral?

Mrs. SMITH. Admiral Swanson.

Admiral SWANSON. Not for administration. I do not believe so.

Mr. RIVERS. There will be questions asked about that.

Captain NUNN. The administration of this act almost surely would call for no additional personnel.

Mr. RIVERS. Is that true?

Admiral SWANSON. That is true.

Mr. RIVERS. Do you contemplate asking for any additional money?

Admiral SWANSON. No, sir.

Mr. VINSON. But this act will entail additional cost of over \$3,000,000?

Admiral SWANSON. That is right.

Mr. BATES. But not for administrative purposes?

Admiral SWANSON. No, sir. It will cost more because we will retire nurses on a higher rating. If this act be established, we will retire nurses at 2½ percent per annum of the base pay of their commissioned rank.

Mr. RIVERS. When we iron out the 2½ and 3 percent, it will justify your asking for additional funds, as Mr. Vinson said.

Mr. VINSON. \$3,882,495 was the cost stated the other day.

Admiral SWANSON. That is predicated on the 500,000 enlisted men and officer authorized strength.

Mr. VINSON. It is predicated on this bill.

Admiral SWANSON. That is right.

Mr. BATES. Admiral, I presume that this bill is tied in with your present request for appropriations?

Admiral SWANSON. That is correct, sir.

Mr. BATES. So if this bill becomes law, you will not ask for anything above that which you have already requested in the Budget?

Admiral SWANSON. That is right.

Mr. RIVERS. He has no authority to do that.

Mr. BATES. But the Budget has not been acted upon.

Mr. VINSON. If this bill is enacted into law, it will entail additional appropriation somewhere of \$3,882,495; is not that correct, Admiral?

Admiral SWANSON. That is correct, because of having the commissioned ranks in the Nurse Corps, but inasmuch as we already have them in commissioned ranks under temporary law, there is in fact no increase of pay. Then, sir, there will be an increase due to the fact that we are increasing the number of nurses from four per thousand to 6 per thousand.

Mr. VINSON. If someone asks Madam Chairman when presenting this bill how much this bill will cost, she would have to rely on the figure of \$3,882,495?

Admiral SWANSON. That is right.

Mr. RIVERS. There will be authorization for that additional service.

Mr. VINSON. Yes.

Mrs. SMITH. And that is in the request to the Appropriations Committee?

Mr. RIVERS. Not yet.

Mrs. SMITH. Are there any further questions?

Mr. DURHAM. That is all due to the expansion of the Navy.

Mr. RIVERS. That is right.

Mr. DURHAM. It is not included in the cost now so far as the Navy is concerned?

Admiral SWANSON. Not in the 1948 appropriations.

Mr. BATES. In other words, this bill, as I understand, provides for six per thousand, where at present it is about four per thousand; is that it?

Admiral SWANSON. That is correct, sir.

Mrs. SMITH. How will that change that \$3,000,000?

Mr. BATES. Of course they are operating the Navy now on the basis of 500,000 men, plus 100,000 for the Marine Corps, or 600,000 men,

and your Nurse Corps is geared to the requirements of that number of men now, and they have to pay the salaries of the nurses now serving. And of course it is in the Budget as they have submitted it to the Appropriations Committee to carry on that nurse load in order to meet the requirements of a so-called postwar Navy of 500,000 men.

Mr. RIVERS. Following Mr. Bates' question, if this bill were passed tomorrow and signed by the President, would you have sufficient funds in the Navy Department to carry on this load on the 6 to 1 basis, without additional funds, or would you wait until the 1947-48 bill?

Captain NUNN. For next year we only have 2,610 nurses now. We do not even have our budgetary requirement. We have 2,200. That is what we actually have.

Mr. RIVERS. We will not be in position to defend this on the floor. I do not believe anyone knows what it is.

Mr. VINSON. We know it will cost three million odd dollars.

Mr. RIVERS. Four million.

Mr. VINSON. Four million.

Admiral SWANSON. It would cost that much if we get the nurses. At present we have about 2,200 nurses actually on duty. We have requested a budgetary requirement of 2,610 for the next year.

Mr. RIVERS. That is the ratio of 6 per thousand?

Admiral SWANSON. No; that is 4 per thousand.

Mr. VINSON. You have only requested how many?

Admiral SWANSON. 2,610 for the fiscal year 1948.

Mr. VINSON. You only requested money to employ 2,610 nurses?

Admiral SWANSON. For the fiscal year 1948.

Mr. VINSON. And yet you have the same number that this bill calls for in the service today. Your calculation is based on 500,000?

Mr. RIVERS. 600,000.

Admiral SWANSON. I think 672,000.

Mr. VINSON. And notwithstanding that, you are only asking for 2,600 nurses?

Admiral SWANSON. 2,610 for the next fiscal year. For 1948 it is based on 4 per thousand.

Mr. RIVERS. If we give you 6 to 1, it will be 3,600?

Admiral SWANSON. That is right.

Mr. RIVERS. Therefore, for a deficiency appropriation, which the Navy always comes in for like all other departments, because you cannot contemplate everything, this would justify you to come before the Appropriations Committee and ask for additional funds to put this into effect.

Admiral SWANSON. If we got the 33½ percent extra nurses.

Mr. RIVERS. Which is \$3,882,495—roughly, \$4,000,000.

Mr. VINSON. It still does not make a strong case.

Admiral SWANSON. Well, sir, in order to take care of our extra dependent load, we need this ratio increased in 1948, otherwise we cannot give dependents in naval hospitals proper care.

Mr. VINSON. You had that before, the same dependent load. You had 600,000 men in the service. You had the dependent load when you were asking for the 4 per thousand, did you not?

Admiral SWANSON. We had the Waves, who were doing a great deal of that work.

Mr. VINSON. The Waves?

Admiral SWANSON. We had the Waves.

Mr. VINSON. That is a good answer.

Mrs. SMITH. How many Waves did you use, Admiral Swanson, in the Nurse Corps?

Admiral SWANSON. I can get that figure.

Mrs. SMITH. Will you supply that for the record, please?

(The statement is as follows:)

Waves—Hospital Corps

	Peak	Present
Officer—H (w).....	435	70
Enlisted.....	14,500	900
Total.....	14,935	970

Mr. WINSTEAD. I do not quite follow the figures. You asked for 4 per thousand, and you are asking for 2,600 nurses now, and your estimated strength is 600,000. Why would that not be 2,400 instead of 2,600?

Admiral SWANSON. You have to add the midshipmen.

Mr. RIVERS. We gave them 6 to 1 the other day.

Mr. WINSTEAD. Taking 4 per thousand, it would be 2,400. They are calling for 2,600. If we increase that 50 percent, it would be 3,900 or right at 4,000.

Admiral SWANSON. In estimating nurses for next year, we used these figures: Naval officers, 46,000; naval enlisted men, 425,000; midshipmen, 2,902; Marine officers, 7,500; Marine enlisted men, 90,000, which is 571,402; 4 per thousand of that figure gives 2,286.

Mr. RIVERS. About 2,300.

Admiral SWANSON. Yes, sir.

Mr. BATES. In addition to that, of course, you have nurses in the Reserve which you have to provide for.

Mr. RIVERS. Thanks to General Kirk, the Navy is going to do more nursing than it did before; because the Army does it, and now the Navy is going to do it.

Mrs. SMITH. Have you any other questions, Mr. Winstead?

Mr. WINSTEAD. That is all.

Mr. RIVERS. Madam Chairman, I move that we take up H. R. 1673.

Mrs. SMITH. Have the committee members copies of H. R. 1673? The Chair would like to state that there shall be a copy of each bill to be considered on members' desks each morning. Shall we start reading H. R. 1673? Colonel Kintz.

Mr. DURHAM. We began at title 2, did we not, Madam Chairman?

Mrs. SMITH. Mr. Durham, do we have a motion to that effect?

Mr. VINSON. May I suggest for the record that we will make a motion in reference to title 1, and then we will get down to that.

Mrs. SMITH. Title 1 refers to the Medical Service Corps. The proposal is to strike this title out and introduce it as a new bill.

Mr. VINSON. Then I move, Madam Chairman, that we strike out title 1 in H. R. 1673 and that it be considered at a later date with the

companion or corresponding legislation that is to be submitted by the Navy Department.

Mrs. SMITH. In a separate bill.

Mr. VINSON. In a separate bill.

Mr. RIVERS. I second the motion.

Mrs. SMITH. It has been moved and seconded that title 1 of H. R. 1673 be stricken from this bill and introduced as a separate bill to be considered at a later date with one from the Navy.

Mr. BATES. Do I understand that the Navy will later submit a separate bill?

Mr. VINSON. It is already in.

Mr. RIVERS. Title 1 has to do——

Mrs. SMITH. Title 1 has to do with the Medical Service Corps.

Mr. RIVERS. And the specialists.

Mrs. SMITH. Before the committee votes, may I ask, General Kirk; Is title 1 similar to H. R. 7167 of last year, creating a Medical Service Corps of the Medical Department?

General KIRK. It is practically the same bill.

Mrs. SMITH. It is to take the place of that?

General KIRK. With a few modifications.

Mr. DURHAM. That is agreeable with you, gentlemen?

General KIRK. Yes.

Mrs. SMITH. Without objection, the motion of Mr. Vinson is adopted.

Mr. VINSON. Madam Chairman, I move that it be the sense of the subcommittee that we direct the Madam Chairman to introduce title I in a separate bill for consideration of the Armed Services Committee.

Mr. BATES. I second the motion.

Mrs. SMITH. Without objection, the chairman is authorized to introduce as a new bill title I of H. R. 1673.

Mr. VINSON. I withdraw it.

Mrs. SMITH. Colonel Kintz, will you start reading title II, entitled "Army Nurse Corps and Women's Medical Specialist Corps"?

Colonel KINTZ. Reading from line 12, page 6:

TITLE II—ARMY NURSE CORPS AND WOMEN'S MEDICAL SPECIALIST CORPS

SEC. 201. (a) Effective the date of enactment of this Act, there is established in the Medical Department of the Regular Army an Army Nurse Corps, which shall perform such services as may be prescribed by the Secretary of War. The authorized strength of the Army Nurse Corps, Regular Army, shall be in the ratio of six members thereof to every one thousand persons of the total authorized strength of the Regular Army, but not less than a minimum authorized strength as follows: Eighteen officers in permanent commissioned grade of lieutenant colonel; forty officers in permanent commissioned grade of major; twenty-five hundred other officers in permanent commissioned grades of captain to second lieutenant, inclusive. For each five hundred members of the Army Nurse Corps authorized in excess of such minimum authorized strength, the number of permanently commissioned officers authorized herein in the grade of lieutenant colonel shall be increased by one and the number of permanently commissioned officers authorized therein in the grade of major shall be increased by two.

Mrs. SMITH. Shall we read the bill, subsection by subsection, and act on each?

Mr. VINSON. Yes.

Mrs. SMITH. Will you explain that subsection, Colonel Kintz?

Colonel KINTZ. This will establish a Regular Army Nurse Corps which does not now exist and authorize certain officer strength.

Following conferences at the last meeting of the committee with the Navy, certain amendments were indicated to this section. We would like to offer this rewording:

SEC. 201. (a) Effective the date of enactment of this Act, there is established in the Medical Department of the Regular Army an Army Nurse Corps, which shall perform such services as may be prescribed by the Secretary of War. The authorized strength of the Army Nurse Corps, Regular Army, shall be in the ratio of six members thereof to every one thousand persons of the total authorized strength of the Regular Army, but not less than a minimum authorized strength of two thousand five hundred and fifty-eight members. The Army Nurse Corps, Regular Army, shall consist of officers in the grades of second lieutenant to lieutenant colonel, inclusive: *Provided*, That the number of lieutenant colonels on active duty shall at no time exceed seven-tenths per centum, and the number of majors on active duty shall at no time exceed one and six-tenths per centum, of the authorized Regular Army officer strength of such Corps.

Mrs. SMITH. Does that make it similar to the Navy bill?

Colonel KINTZ. It does.

Mrs. SMITH. As we talked?

Colonel KINTZ. Yes.

General KIRK. I think maybe Admiral Swanson would like to comment on that.

Mrs. SMITH. Admiral Swanson?

Admiral SWANSON. Madam Chairman, we are in complete consonance with this amendment. If we were to apply it to the Navy, that is 1.6 percent of the total number of our officers should be in the rank of lieutenant commander, and seven-tenths percent of the total number of officers permanently commissioned in the Navy Nurse Corps would be commanders.

Mrs. SMITH. How does that change it from the figures you first gave us?

Admiral SWANSON. Well, as it is now in our legislation we have practically a free flow of promotion up to and including the rank of lieutenant commander. With this change they would now have a free flow of promotion up to and including the rank of senior lieutenant, and then they would be selected to the higher ranks, using these percentages I have just given.

Mr. VINSON. Madam Chairman.

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. General Kirk, the total number in the corps is how many?

General KIRK. The total number initially to be appointed is 2,558.

Mr. VINSON. 2,558. All of them are officers?

General KIRK. Yes, sir.

Mr. VINSON. All right. Now let us break them down. Under the proposed bill, 18 of them would be permanently commissioned to the grade of lieutenant colonel. You propose to change that and say seven-tenths?

Mr. BATES. Not seven-tenths.

General KIRK. Seven-tenths.

Mr. VINSON. Seven-tenths of 1 percent the total number of officers in the Army?

General KIRK. That is correct, sir.

Mr. VINSON. You have 40,000 officers?

General KIRK. The Nurse Corps, seven-tenths of the strength of the authorized Nurse Corps.

Mr. VINSON. Seven-tenths of 1 percent of 2,558?

General KIRK. Yes, sir; initially.

Mr. VINSON. All right. How many will that give you?

General KIRK. Eighteen.

Mr. VINSON. Eighteen lieutenant colonels. And then your next grade is that of—

General KIRK. Major.

Mr. VINSON. Major. Now you propose 1.6 percent of 2,558?

General KIRK. That would give 40, sir.

Mr. RIVERS. That is one point what?

General KIRK. 1.6.

Mrs. SMITH. In other words, General, it only places this on a percentage basis rather than a specified number, so, as the strength decreases or increases, the officer strength will go along?

General KIRK. That is correct, Madam Chairman. It was at the request of the committee put percentagewise, rather than as stated in the bill.

Mr. RIVERS. And the Navy's scale would be identical with yours?

General KIRK. The Navy has accepted this scale if it is acceptable to this committee.

Mr. RIVERS. Both are the same.

Mrs. SMITH. It does not change the figure at all except that it puts it on a percentage basis.

Mr. VINSON. And the total number of officers is 2,558?

General KIRK. That is the minimum number. That will be increased to six per thousand, depending on what the Army strength is determined to be.

Mr. VINSON. What is the total authorized strength?

General KIRK. We have none in the Army.

Mr. VINSON. I say, based upon that.

General KIRK. Yes, sir.

Mr. VINSON. But as it stands now, you figure on 2,558 for your corps?

Mr. RIVERS. As a minimum?

General KIRK. As a minimum. Yes, sir.

Mrs. SMITH. Are there any other questions?

Mr. VINSON. How many lieutenant colonels have you today?

General KIRK. We have, presently serving, 1 colonel, 60 lieutenant colonels, 125 majors, 524 captains, 3,373 first lieutenants, and 2,225 second lieutenants, or a total of 6,231 nurses presently on duty.

Mr. WINSTEAD. All of those have officer status?

General KIRK. Temporary officer status.

Mrs. SMITH. Are there any further questions?

Mr. VINSON. All of these have commissions in the Regular Army?

General KIRK. No, sir. All of these are Reserve, AUS commissions.

Mr. VINSON. Reserves. They are all AUS reservists?

General KIRK. Except 752 of the old Nurse Corps who were commissioned; 752 of this total were in our Nurse Corps before the war.

Mr. BATES. You have 16 lieutenant colonels today?

General KIRK. Sixty.

Mr. BATES. Sixteen?

General KIRK. Sixty.

Mr. BATES. Pardon me. I was going to inquire as to the strength of the Army today. Sixty. You are going to bring that down to 18?

General KIRK. No, sir; 18 would be the number of lieutenant colonels if we had a regular strength of 2,558 Regular officers. That is what our minimum requirement will be. When we increase that 2,558 up to 6 per thousand authorized Army strength, the number of lieutenant colonels would be——

Mr. BATES. Let us take an Army of a million men. You will have 6,000 officers in the Nurse Corps?

General KIRK. That is correct, at six-tenths of 1 percent.

Mr. BATES. That is nearly double the strength you provide. This minimum strength, so to speak, or in other words apparently 2,558 members of the Nurse Corps based on 6 per thousand would give you a little over 500,000 men?

General KIRK. Yes, sir.

Mr. BATES. So what we are doing, we are taking a million-man Army and giving you 6,000 members of the Nurse Corps. We are actually doubling the 18 lieutenant colonels and giving you 36?

General KIRK. That is correct.

Mr. BATES. Today you have 60, is that correct?

General KIRK. That is correct.

Mr. BATES. And the strength of the Army today is what?

General KIRK. Around 1,200,000.

Mr. BATES. So the ratio of lieutenant colonels to the million-man Army will actually be less than the ratio is today?

General KIRK. Yes, sir.

Mr. RIVERS. As Mr. Vinson says the number adjusts itself based upon this sliding scale?

General KIRK. That is right.

Mr. BATES. The important point which we want to stress in the testimony is that we are not building up a so-called officer personnel. As a matter of fact the ratio under the new legislation of 6 per thousand, of colonels and lieutenant colonels and other officer strength, will actually be less than what you have now?

General KIRK. That is right.

Mr. BATES. You have a strength of 1,200,000 today, and you have 60 lieutenant colonels, is that right?

General KIRK. Yes, sir.

Mr. BATES. You are going to have a million men, and you will only have 36 lieutenant colonels, so the ratio of lieutenant colonels is going to be much less under this bill than what you actually have now in the field?

General KIRK. Yes, sir.

Mr. RIVERS. And another thing, this is based on a peacetime Army, and not an Army on the field, so your specialties would not be as great as if you were fighting?

General KIRK. That is correct.

Mr. RIVERS. As Mr. Vinson said Friday, it is all based on a peacetime Army?

General KIRK. Yes, sir.

Mr. VINSON. Madam Chairman, I move that we adopt section 201 (a) as amended.

Mr. RIVERS. I second the motion.

Mrs. SMITH. Without objection the amendment as read by Colonel Kintz is adopted. Will you continue to read, Colonel Kintz?

Colonel KINTZ (reading):

(b) From the officers permanently commissioned in such Army Nurse Corps, the Secretary of War shall appoint the Chief of the Army Nurse Corps, who shall serve as such Chief during his pleasure, and who, without vacation of her permanent grade, shall have the temporary rank, pay, and allowances of a colonel while so serving.

Mr. RIVERS. I move the adoption.

Mr. VINSON. I second it.

Colonel KINTZ. We have had conferences with the Navy on this particular paragraph, and we would like to offer for the committee's consideration a rewording, as follows:

(b) From the officers permanently commissioned in such Army Nurse Corps in the permanent grade of major or above, and upon the recommendation of the Surgeon General of the Army, the Secretary of War shall appoint the Chief of the Army Nurse Corps, who shall serve as such Chief during his pleasure for a term not to exceed four years and shall not be reappointed, and who, without vacation of her permanent grade, shall have the temporary rank, pay, and allowances of a colonel while so serving.

This which I have just read changes the original bill to make the Chief of the Nurse Corps selected on the recommendation of the Surgeon General from majors and above. Previously, the bill did not specify from any particular grade. It was from the corps at large. This rewording selects from the grade of major or above. It also specifies the term as 4 years. It also specifies that the Chief will not be reappointed. I think those are the only changes.

Mr. VINSON. I think it is a very wise amendment to have the appointments made from the rank of major up, and I think it is very wise to have it upon the recommendation of the Surgeon General. And as the tenure is for a definite number of years from President on down, except Congressmen and Senators, for a period of time, I think that is a very wise thing, too, which I voted for the other day. I think it will help a great deal. I think it improves this section very much. I think the committee would be clearly justified in accepting it.

Mr. BATES. Madam Chairman. Colonel, the relative rank of a colonel in the Army, just for the record, is that of captain in the Navy?

General KIRK. That is correct.

Mr. BATES. So that checks.

Colonel KINTZ. That is right.

Mr. RIVERS. Do you think it would be smart to prescribe the latitude given to the Surgeon General, and consequently the Secretary of War? What if you have an outstanding nurse, and you want to do something to give her an opportunity, you would be absolutely stopped from doing it.

General KIRK. But she would be a rather young nurse, and if these nurses were properly selected to the grade of major and lieutenant colonel, and somebody made a mistake in selecting the right girl, we would think the nurse should have had at least 14 years' service, and not have just come into the corps.

Mr. RIVERS. Therefore, before you could give anybody this commission, you think she should have and will have demonstrated her ability for 14 years; is that right?

General KIRK. Yes, sir; something like that. That is what we figure.

Mr. VINSON. I move the adoption of the amendment.

Mr. DURHAM. At the present time under the present status, you could take a lower-grade officer and promote her to head this corps? Why is there a change in the attitude as to that—based on experience?

General KIRK. It is always possible someone might have a friend, socially or politically, in a lower grade. There might be enough pressure that she be made the Chief Nurse. That is not fair to all the nurses, and there should be somebody in those higher grades who would be competent to do the job.

Mr. DURHAM. I see your point.

General KIRK. Ordinarily in the selection of a chief of a branch in the Army, it is made from lieutenant colonel or colonel, and does not go down in the field grades. The present chiefs of branches are limited by statute.

Mr. DURHAM. But you can have a nurse come into this corps with four or five or six years of service, who holds a doctor's degree from some of these universities, and you have another one coming up with 2 years' experience, a graduate nurse from some little place, and you are going to be in a position where you can take that person who has a doctor's degree, who has a world of experience in a large hospital and head up this corps.

General KIRK. Well, sir, in this integration these nurses who have been serving in wartime will come in, so with the year's service they are given, we will be able to select them out of the grade of captain and make them majors, and by the power of selection you will give us, we will select these women to the grades of major, and lieutenant colonel, and colonel. If we do not select those women to those grades, the system is wrong.

Mr. DURHAM. I have not always agreed on that. I think a person with ability and a reasonable amount of experience should be in position to fill the post if she is qualified. I know you have a difficult problem there.

Mr. VINSON. May I say that it is to be hoped that that will be applied like it is today. It is all done by seniority. It makes no difference how great the star is, it cannot go up unless somebody moves away. When you have a selective system, you can go further.

Mr. DURHAM. This selective system goes only so far.

Mr. VINSON. It goes far enough. It should not go down in the grades of lieutenant and junior lieutenant. It should be from people who have demonstrated their qualifications, and they have to work awhile before the Surgeon General knows it.

I think no appointment should be made unless it first obtains the approval of the commanding general, and secondly, unless they have served at least 14 years in the service. They would have to do under any system to get to the rank of major. So I move the adoption.

Mr. GAVIN. I second it.

Mrs. SMITH. Without objection the amendment to subsection (b) is approved.

Mr. RIVERS. I do not agree, but I will vote on it.

Mrs. SMITH. All right. Subsection (c).

Colonel KINTZ (reading):

(c) Commissioned officers of the Army Nurse Corps, Regular Army, shall be appointed by the President, by and with the advice and consent of the Senate, from female citizens of the United States who have attained the age of twenty-one years. Original appointments other than appointments made under sections 203, 204, and 205 shall be made only in the grade of second lieutenant from female persons not over twenty-six years of age on the date of nomination by the President, who are graduates of hospital or university training schools, who are registered nurses, and who possess such physical and other qualifications as may be prescribed by the Secretary of War.

Sections 203, 204, and 205 refer to the integration or the transfer of present nurses into this corps. And to bring our bill in parallel with the Navy bill, it should read 28 years of age, instead of 26.

Mr. VINSON. I move we strike out the figure "6" and substitute the figure "8."

Mr. BATES. Did you change 30 to 28?

Colonel KINTZ. Yes.

Mrs. SMITH. Are there any questions? Without objection the motion is adopted and the figure 6 is changed to the figure 8 in line 22 of page 7 of the bill.

Will you read section 202, Colonel?

Colonel KINTZ (reading):

SEC. 202. (a) Effective the date of enactment of this Act, there is established in the Medical Department of the Regular Army, a Women's Medical Specialist Corps, which shall consist of a Dietitian Section, a Physical Therapist Section, and an Occupational Therapist Section, and which shall perform such services as may be prescribed by the Secretary of War. The authorized strength of the Women's Medical Specialist Corps, Regular Army, shall be in the ratio of nine-tenths of a member thereof to every one thousand persons in the total authorized strength of the Regular Army, but not less than a minimum authorized strength as follows: Twenty-four officers in permanent commissioned grade of major and three hundred and eighty-five other officers in permanent commissioned grades of captain to second lieutenant, inclusive. Any increase over and above the aforesaid minimum authorized strength shall be in permanent commissioned grades of captain to second lieutenant, inclusive.

This section establishes in the Medical Department a Women's Medical Specialist Corps which will have three sections, a dietitian section, a physical therapist section, and an occupational therapist section. It establishes a strength and it establishes the grades of officers in this Women's Medical Specialist Corps, and establishes the grades from second lieutenant to colonel.

Mr. VINSON. Madam Chairman, may I ask a question?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. What is the strength of it today?

General KIRK. I am looking for that figure now.

Mr. VINSON. I have it down here as 1050.

General KIRK. I will find it in a minute.

Mr. VINSON. There are 400 in one grade, 400 in another, and 250 in another grade.

General KIRK. I think that is approximately correct. I have it here. Physical therapists, 390. There are 370 dietitians, 390 physical therapists, and 225 occupational therapists presently on duty.

Mr. VINSON. Making a total of what, General?

General KIRK. One thousand and twenty-five, sir.

Mr. VINSON. One thousand and twenty-five in this Women's Medical Specialist Corps. May I ask this question: Do you think in view of your percentage figure awhile ago you should have the percentage here, or that you should have a definite number?

General KIRK. We can get along with this definite number. That is all we need, and we are not asking for any higher grades than we have, regardless of the strength of the Corps.

Mrs. SMITH. Would this be of some help in times of shortage of nurses?

General KIRK. We have used these people since World War I, and we could not have gotten along without them in this war. We had 1,500 dietitians, 1,300 physical therapists and some 900 occupational therapists during the war. We never had enough. We had to set up training schools to increase the number. There were not enough in civil life to meet the requirements.

Before the war we ran at Walter Reed Hospital a training school for physical therapists. They met all requirements. Likewise for dietitians. During the lean years of peacetime we were able to hire as many occupational therapists as we needed, and we needed and do need them badly to take care of our psychotics, also for our physical therapy which we established during the war and want to continue with in peacetime, and which has paid such great dividends.

Mrs. SMITH. For the record, these women have done an outstanding job and made a valuable contribution. It is one way to conserve the nurses for the real nursing. I am wondering why the Navy has not given some consideration to a similar plan. Have you, Admiral Swanson?

Admiral SWANSON. We have given it a great deal of consideration, but we predicate our need on the number of hospitals, and our hospitals do fluctuate. We felt that we could run this service efficiently with two dietitians to an average hospital, two physical therapists in the average hospital, and one occupational therapist on an average.

Mrs. SMITH. But you use the nurses for this part of the program, do you not?

Admiral SWANSON. We take ours from the Nurse Corps, and that gives us much more latitude and elasticity. For instance, we have some hospitals that are very small. Let us say, for instance, the need for a dietitian at Parris Island Hospital, where they have at the present time 104 patients, we certainly would not need two dietitians there.

Mrs. SMITH. This means that the number of nurses you are asking for includes dietitians, occupational therapists and physical therapists, while the number of nurses the Army requests is exclusive of the other professions? •

Admiral SWANSON. This increase to six per thousand is further justified by the inclusion of dietitians, physical and occupational therapists.

Mr. RIVERS. Now the Army proposes to set up a colonel for that particular corps, is that correct?

General KIRK. For this whole group, one colonel.

Mr. RIVERS. She would not be subordinate to your colonels, there would be a liaison between the two?

General KIRK. That is the way it worked during the war.

Mr. RIVERS. The Navy set-up will be different, as Admiral Swanson said. He will select his and they will be subordinate to the four-striper who heads the whole corps. Yours will not be that way?

General KIRK. That is right.

Mr. DURHAM. At the present time, General Kirk, are you at the full authorized strength on these different groups, the physical therapists, and so on? We authorized a minimum strength last year.

General KIRK. We are not at the full strength at the moment, sir.

Mr. DURHAM. On neither one of these groups?

General KIRK. On none of these groups—nurses, physical therapists, dietitians, or occupational therapists.

Mr. DURHAM. What is that due to?

General KIRK. You cannot get them. It is all voluntary now. These women were separated. We hope we will be able to recruit up to our requirements and to what the Budget authorizes us to use when this bill is passed.

Mr. DURHAM. We give them higher rank, too. At the present time they do not have anybody such as a colonel?

General KIRK. They do not. This establishes the rank of colonel, which they have never had before, as the chief of this corps. They have gone only as far as major during the war.

Mr. DURHAM. They will be promoted on the same promotion list as the nurses?

General KIRK. By selection, on the same plan whereby we propose to promote the nurses.

Mr. VINSON. They will become part of the Regular Army?

General KIRK. Yes, sir.

Mr. BATES. You will have a Specialist Corps consisting of only about a thousand officers?

General KIRK. That is correct, sir.

Mr. BATES. In the Medical Corps?

General KIRK. That is correct.

Mr. BATES. Why is it you cannot make it part of the Nurse Corps?

General KIRK. They are not nurses, sir.

Mr. BATES. Neither are the Hospital Corps in the Navy.

Admiral SWANSON. Our dietitians can become dietitians by 9 months' training. The reason is that they have had much of the basic training. We make them dietitians after an average of 9 months' training, and then if we do not have the need for so many dietitians we can put them back to regular nursing.

Mr. VINSON. You must recognize the fact that in the case of anyone who is a dietitian, it is a profession in itself.

Mr. BATES. Suppose we only had 25 dietitians in the Army, is that any reason why you should set up a special corps for 25 persons?

General KIRK. No, sir; not at all.

Mr. BATES. Why can we not coordinate it with the other activities in the Army and Navy? Why should we set up these special organizations?

Mr. VINSON. My observation is that you cannot do much with a jack-of-all-trades. These people are specialists. They specialize as dietitians, physical therapists, and occupational therapists. It is a profession in itself, just as distinct from nursing as night is from day.

Mr. BATES. On that premise, you suggest that we ought to establish in the Navy Medical Corps another Corps of Medical Specialists, the number of which might only be about 200?

Mr. VINSON. I think it would help a great deal if the Medical Corps of the Navy had this identical set-up in it. Of course, a person has some general knowledge of dietetics from, oh, just common knowledge, but the people who are administering to the sick and people who prepare the menus for the sick, certainly should have the very last word in training along that line. I do not care how competent the nurse is, they have not specialized in that. Of course they get something out of Aunt Susan's cookbook, and the other things the Government hands out, but you have to be trained.

Admiral SWANSON. We always work on the premise that this is part of nursing, that a nurse is basically trained in the fundamentals of physical therapy, dietetics, and occupational therapy. She only needs a very slight additional training to become a specialist.

Mr. VINSON. But she never gets that.

Admiral SWANSON. They do in our service.

Colonel KINTZ. I would like to make the observation that in view of the shortage of nurses, we do not feel that nurses should be taken from nursing duties to be dietitians, physical therapists, and occupational therapists.

Mr. BATES. Colonel, I do not disagree with you on that, either. You still can enlist dietitians, physical therapists, and occupational therapists and place them under the jurisdiction of the Nurse Corps. I am wondering why we are setting up a special corps within, say, the Medical Corps of the Navy, just to take care of these specialists. Suppose you only had a hundred, as the Navy may have a relatively smaller number than the Army, why should they be a special corps? Why can they not serve under the nurses?

Colonel KINTZ. Well, I think a comparable situation would be where we have a medical corps composed of doctors. If we would take a scientist who is an entomologist, a bacteriologist, we will say a Ph. D., I do not believe that either the Navy or the Army would feel justified in incorporating them within the medical corps of either service.

It is the same way with these girls who are especially trained specialists. Considering the Nurse Corps, we might say, as comparable to the Medical Corps, the doctors, we do not feel that it would be good for the morale of the group, either of the parent group or the subordinate group to put them in together.

General KIRK. I might say, Madam Chairman, that we have tried this, we have operated with the physical therapists as civilian employees since World War I, as a separate corps; likewise the dietitians, and in the Army it has worked admirably.

Mr. BATES. As a civilian corps?

General KIRK. It paid dividends in the war.

Mr. BATES. As a civilian corps?

General KIRK. As civilians; yes, sir.

Mr. BATES. And now, of course, you have commissioned them during this war?

General KIRK. That is correct.

Mr. BATES. And now you want to establish a special corps within the Medical Corps?

General KIRK. Within the Medical Department, as we have used them during the war, and they have paid off in the war admirably.

Mr. BATES. And you want to set them up as a separate corps within the Medical Department.

Colonel KINTZ. Yes, sir. We feel these special groups of individuals have demonstrated in peacetime and in war their very definite need to the Medical Department. That is the reason we feel that they should be made a part of the Regular Army.

Mr. BATES. I am not finding fault with that, Colonel.

Mr. VINSON. Well, then, let us read.

Mr. RIVERS. Let me ask a question.

Mr. DURHAM. This is not a corps, is it? It is a section.

Mr. BATES. It is a corps, so specified.

Mr. RIVERS. A Specialist Corps. Just for the record: Therefore, the Army and the Navy are in disagreement on the basic philosophy as to these specialists within the medical set-up?

Admiral SWANSON. That is right.

Mr. RIVERS. The Navy does not recognize them as you recognize them?

Colonel KINTZ. They recognize them, but they use nurses to do this function rather than have this group of specialist as part of their organization.

Mr. RIVERS. Which you do not agree with; you feel that it should be separate?

Colonel KINTZ. We feel that we should not use nurses, and do not use nurses to do this job. We have these people working for us now. They are not nurses.

Mr. RIVERS. Therefore, either you or the Navy is incorrect. Now who is right?

Admiral SWANSON. Both.

Colonel KINTZ. May I make this observation? The requirements of the two services are vastly different. We need three times as many as the Navy of this type.

Mr. RIVERS. Therefore you agree with the Navy that they know their business, and you know yours?

General KIRK. We have no quarrel with them.

Mr. VINSON. If there were nurses to do this job, it would be all right with you?

General KIRK. Yes, sir.

Mr. RIVERS. I wanted to get that straight.

Mrs. SMITH. What do you do, for instance, Admiral Swanson, in a small hospital, where you only need one dietitian? Do you train a nurse for this and call her the dietitian—using her in both capacities?

Admiral SWANSON. We have nearly enough to have a dietitian in every hospital.

Mrs. SMITH. Is not that the answer?

Mr. RIVERS. That answers my question.

Mr. BATES. Does she also act as a physical and occupational therapist, if she has the ability, or can be trained as such?

Colonel KINTZ. Yes.

Mr. BATES. You do not draw the line too tight?

Colonel KINTZ. No, sir.

Mr. RIVERS. Therefore, there is no real difference between your and Admiral Swanson's philosophy?

Colonel KINTZ. No, sir.

Mr. VINSON. Let us read. I move the adoption.

Mr. RIVERS. I second it.

Mrs. SMITH. Without objection section 202 (a) is adopted as read.

Colonel KINTZ (reading):

(b) From the officers permanently commissioned in such Women's Medical Specialist Corps, the Secretary of War shall appoint (1) the Chief of the Women's Medical Specialist Corps, who shall serve as such Chief during his pleasure, and who, without vacation of her permanent grade, shall have the temporary rank, pay, and allowances of a colonel while so serving and (2) three Assistant Chiefs of the Women's Medical Specialist Corps, who shall be the chiefs of the sections of the Women's Medical Specialist Corps, to serve as such Assistant Chiefs during his pleasure, and who, without vacation of their permanent grades, shall have the temporary rank, pay, and allowances of a lieutenant colonel while so serving.

This section sets up a colonel as the chief of the section. It sets up three assistant chiefs of the sections as lieutenant colonels.

Mr. VINSON. I move the adoption.

Mr. ANDERSON. I second the motion.

Mrs. SMITH. Without objection section 202 (b) is adopted. Colonel Kintz.

Colonel KINTZ. Reading from line 9, page 9, subsection (c):

(c) Commissioned officers of the Women's Medical Specialist Corps, Regular Army, shall be appointed by the President, by and with the advice and consent of the Senate, from female citizens of the United States, who have attained the age of twenty-one years. Original appointments other than appointments under sections 203, 204, and 205 thereof shall be made only in the grade of second lieutenant from female persons not over twenty-six years of age on the date of nomination by the President, and who possess such physical and other qualifications as may be prescribed by the Secretary of War.

This section sets up the age of 21 to 26 years for all the appointments in this Corps.

Mrs. SMITH. Is there any reason why that age should not be the same as the nurses, 21 to 28, General Kirk?

General KIRK. No; I presume not. We believe we can get enough to recruit a corps at that age who will be able to serve that much longer before they are 50.

Mrs. SMITH. You prefer that it stay at 26?

General KIRK. Well, if it is the committee's pleasure to increase this to 28, it is all right with us.

Mr. RIVERS. I move it be 28 instead of 26.

Mr. VINSON. I second it. Sections 203, 204, and 205 have relation to those in the service now who are going to be transferred in?

General KIRK. Yes.

Mr. VINSON. I move that the section as amended be adopted.

Mrs. SMITH. Will you withhold that until we take action on the matter of the change from 26 to 28? Without objection the amendment changing the 6 to 8 is adopted. Without objection section 202 (c) is adopted. Will you repeat that again?

Mr. VINSON. No. I was just asking a question. I moved the adoption of section 5 as amended, and I was merely asking a question if sections 203, 204, and 205 relate to those who are to be transferred in. This section also relates to original appointments.

Mrs. SMITH. Colonel Kintz.

Colonel KINTZ. That is correct. Sections 203, 204, and 205 relate to the transfer of nurses and to deititians, physical therapists, and occupational therapists into this new corps.

Mr. VINSON. That is right. Now, Madam Chairman, it is 12 o'clock. We have finished with the Women's Medical Specialist Corps. Let us take a recess now until 1:30.

Mr. BATES. May I ask one question?

Mr. RIVERS. Where are we?

Mr. VINSON. Section 203.

Mrs. SMITH. Mr. Bates.

Mr. BATES. Colonel, the thought runs through my mind when you speak about occupational therapists, whether or not men, who after all are dealing with men, would not really make better occupational therapists than women. What have you to say about that?

And that also goes for physical therapists. What is your point of view? They are precluded as the result of the wording of this section from serving in the Army in that department.

Colonel KINTZ. We feel that in the handling of psychotic patients, where much of this work is with the psychotic individual, the mental patient, we feel that it was quite well demonstrated during the war that a female is able to get much better results in the treatment of this sick individual than a man.

Mr. BATES. That is the psychotic patients. What about all the other disabled servicemen? What about the value of men as occupational therapists in that respect?

Colonel KINTZ. We feel the same way.

Mr. BATES. All right.

Mr. RIVERS. Madam Chairman, I move you that we recess until 2 o'clock.

General KIRK. Is subsection (c) of Section 202 adopted as amended?

Mrs. SMITH. Without objection subsection (c) is adopted; yes. That brings us to section 203 after lunch. We will recess until 2 o'clock. If everybody is back at 2 o'clock, we can begin promptly, and we hope to finish this this afternoon.

(Thereupon, at 12:05 p. m., a recess was taken until 2 p. m.)

AFTERNOON SESSION

The committee reconvened pursuant to the taking of the recess, at 2 p. m.

Mrs. SMITH. The committee will come to order.

Colonel Kintz, will you start reading section 203?

Colonel KINTZ. Page 9, line 20. [Reading:]

SEC. 203. (a) Prior to a date one year following the date of enactment of this Act, each of the persons specified below shall be tendered an appointment as a commissioned officer in the Army Nurse Corps, Regular Army, established by this Act, in a grade as prescribed in section 204 hereof. This provision applies to each person who, on the date of enactment of this Act, is serving honorably on active duty as a member, other than as Reserve nurse, of the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879), as amended, regardless of whether such person is also serving under an appointment made pursuant to the Act of June 22, 1944 (58 Stat. 324), and regardless of the age of such person.

Mrs. SMITH. What does this provision do?

Colonel KINTZ. This section provides for the transfer of nurses presently on duty with temporary commissions to this Regular Corps, this Regular Army Nurse Corps; Regular Army nurses only. Those who are presently Regular Army nurses.

Mr. VINSON. It does not permit the transfer of those in the Reserves?

Colonel KINTZ. That is right. It does not.

Mr. VINSON. How about a reservist who is on active duty. Does it permit the transfer?

General KIRK. Not this section. It does the next section. This takes care of the Regular Army nurses, of whom there are about 700 who come into this Regular Corps in grade.

Mr. VINSON. Now, gentlemen, it says, "Regardless of age of such person." That is put in there to take care of those who happen to be over 50 years of age now?

General KIRK. Yes, sir.

Mr. VINSON. So they could be brought in and put out.

General KIRK. That is right.

Mr. RIVERS. It takes care of the minimum and the maximum?

General KIRK. Yes.

Mrs. SMITH. Are there any questions?

(No response.)

Mrs. SMITH. Without objection section 203 (a) is adopted as read.

Colonel KINTZ. Page 10, line 9. [Reading:]

(b) Until a date one year following the date of enactment of this Act any person who is a female citizen of the United States, who is over twenty-one years of age, and who meets the physical and other qualifications prescribed by the Secretary of War, may be appointed a commissioned officer in the Army Nurse Corps, or the Women's Medical Specialist Corps, Regular Army, established by this Act, in a grade as prescribed in section 204 hereof: *Provided*, That no person shall be appointed a commissioned officer in the Army Nurse Corps under this provision except a person, otherwise qualified, who has not attained the age of thirty-five on the date of nomination by the President, and who, during any of the wars in which the United States is presently engaged, served honorably on active duty as a commissioned officer of the Army of the United States, pursuant to the Act of June 22, 1944 (58 Stat. 324), or as a member, including the status of Reserve nurse, of the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879): *Provided further*, That no person shall be appointed a commissioned officer in the Women's Medical Specialist Corps under this section, except a person otherwise qualified, who during any of the wars in which the United States is presently engaged served honorably on active duty as a

dietitian or physical therapist with the Medical Department of the Army of the United States appointed pursuant to the Act of June 22, 1944 (58 Stat. 324), or who served honorably as an occupational therapist with the Medical Department of the Army in the status of a civilian employee.

Mrs. SMITH. Just what does that do?

General KIRK. That takes in all the Reserve nurses and the other nurses who are commissioned in the Army of the United States, as well as dietitians and physical therapists, who are physically qualified and otherwise qualified, as the Secretary of War may direct, into the Regular Corps, within the ages of 21 and 35 years.

Those are the people who are currently working in our Army today on a commission status, except the occupational therapist who was not on a commission status during the war.

Mrs. SMITH. What happens to them after 35?

General KIRK. They are not accepted into the Regular Army. They are continued on duty in the Reserve or AUS commission, as long as they are needed, and then they go back to civilian life.

Mrs. SMITH. Mr. Vinson?

Mr. VINSON. In other words, General, this bill blankets all the reservists in the organization to date.

General KIRK. With integration, under the next section, they are integrated in, as provided in section 204, which will be read.

Mr. VINSON. This makes them eligible?

General KIRK. Yes, sir; it makes them eligible.

Mr. VINSON. Blankets in those who are in the organization between the ages of 21 and 35.

General KIRK. If we think they are good enough to come in. If we do not; they do not come in.

Mr. VINSON. That is right. And on the other hand it permits those not in the service to join under rules and regulations prescribed by the Secretary of War to come into the organization.

General KIRK. A former section did, sir.

Mr. VINSON. Does not this section also?

General KIRK. These are the ones who served in commission status. Nobody else can come in except those who were in during the war under this provision, other than the occupational therapist who did not have military rank.

Mr. VINSON. If they served in a civilian capacity, subsequent to World War I, are they eligible to come in?

General KIRK. Yes, sir.

Mr. VINSON. In the Specialist Corps?

General KIRK. Yes, sir.

Mrs. SMITH. Mr. Rivers?

Mr. RIVERS. How many people will be caught by that 35-year age limit?

Colonel BLANCHFIELD. It is rather hard to determine, sir, because the nurses who are presently on duty are not the only ones who will be eligible. We had 57,000 nurses on duty on VJ-day, or approximately that number.

We took nurses in the service up to 45 years of age in the Reserve. So there will be quite a considerable number who will be barred from the Regular Army under this provision.

We rather expected that anyone who otherwise was eligible, but was disqualified because of age, would be offered a Reserve commission where the age limit will not have to be so restrictive.

Mr. RIVERS. Then 6 months after the emergency is over?

Colonel BLANCHFIELD. We are establishing a Reserve Corps. And we will offer them a commission in the Reserve if they do not qualify because of age for the Regular Army, but do qualify in all other respects.

General KIRK. You see, we did not want to bring these women in at 40 years of age and then retire them at 50. We are limiting the integration of male officers into the Regular Army at the age of 44. And those officers we expect to use until they are 60 years of age.

Mr. VINSON. I move the adoption of the subsection.

Mrs. SMITH. Any further questions?

Mr. Bates?

Mr. BATES. With respect to this 35-year age limit, General, what relation does that have to the 28 that we already approved?

General KIRK. Twenty-eight is a nurse coming in from civil life that had no service in the Army at all. These women have all served during the emergency, so for that reason that age is up to 35, the same as for officers for the Army it is up to 44.

Mr. BATES. Have you any provision in the bill relative to the dependencies of such officers such as we find in section 9 of the Navy bill here?

General KIRK. Yes, sir.

Mr. BATES. What page do we find that on?

General KIRK. We will come to that in a minute.

Mr. VINSON. From civilian life the age limit is from 21 to 28?

General KIRK. Yes, sir.

Mr. VINSON. Of those already serving in various capacities in the Nurse Corps, the age limit is from 21 to 35.

General KIRK. Yes, sir.

Mr. VINSON. Any one, then, serving now, in the service, who is over 36 years of age cannot be blanketed in?

General KIRK. That is correct, sir.

Mr. RIVERS. Over 35.

Mr. BATES. Is there a similar provision in the Navy bill over the average of 28 where we may take in nurses who already have been in the service?

Admiral SWANSON. We have already taken them in up to the age of 38.

Mr. BATES. But under the provisions of the new bill, you will not be able to take them over 28, will you, if they come from civilian life?

Captain DEWITT. No, sir.

Mr. BATES. Suppose you have some nurses who have already seen service and who have been commissioned and who are now on inactive duty and desire to come in again. What is the age limit in that regard?

Mr. VINSON. Fifty-five.

Mr. BATES. Wait a minute. What is the age limit, Captain DeWitt, that you can take a nurse in, after this bill is passed?

Captain DEWITT. Before this bill was brought up any nurse who wished to transfer from the Reserve to the Regular Corps could transfer up to her thirty-eighth birthday. This program terminated October 1, 1946.

Mr. BATES. Are all nurses in the Reserve who have now seen active duty? Do you consider them in the Reserve, or do they have to join the Reserve?

Captain DEWITT. We have not taken any new ones in the Reserve Corps since the war.

Mr. BATES. We have had hundreds of girls who have terminated their service with the Navy, and are now back in civilian life. Some of them may be 35, others may be 40. Can they get back into the Regular service after this bill becomes a law, if they are over 28?

Captain DEWITT. We do not have any provision in our bill for that.

They can only come in as reservists.

Mr. BATES. But suppose they wanted to come back in the position of Regular nurses, the 28 year limitations —

Captain DEWITT. It would limit them. They would have to be between 21 and 28 years.

Mr. BATES. So a girl with the experience already in the Navy as a nurse, having been commissioned and served during the war with all that experience and background has arrived at the age of 29 and she would like to get back into the Navy again and is prohibited from so doing because of the 28-year provision in this bill. So I understand that correctly?

Captain DEWITT. That is right.

Mr. BATES. The Army, however, will take them up to 35.

Is that right, General?

General KIRK. Yes, sir.

Mr. RIVERS. Wait a minute. That is not right.

General KIRK. May I explain?

Mrs. SMITH. General Kirk.

General KIRK. Everybody who was commissioned in the Army of the United States was relieved from duty but not discharged from that commission. That applies to the nurse as well as any other officer in the Army.

So they are still in the Army, actually, but they are not active, and any woman who had a commission in the Reserve, in the AUS, in the war, we can take back up to the age of 35 as this bill is written.

Mr. BATES. In the Navy, however, I understand that they cannot, if they have gone beyond the age of 28.

Mr. VINSON. No, sir.

Mr. BATES. Let me follow my question here. I would like to have them explain it.

Captain DeWitt, will you explain it to us again?

Captain DEWITT. Each Reserve nurse had an opportunity to transfer to the Regular Corps if she came in the service before her twenty-eighth birthday.

Mr. BATES. That is the law now?

Captain DEWITT. Yes, sir; that is the present law.

Mr. BATES. Now then, after this bill becomes law, does it supersede the present law and then does this restrict you to the age of 28?

Captain DEWITT. Yes, sir; I believe so. I do not believe we have made any provision for that.

Mr. BATES. Do you think that is a wise thing? Do you not think you ought to have some latitude like the Army has, of taking these girls in after the age of 28 if they have already been commissioned in the Navy and have served?

Captain DEWITT. I think that would be an excellent idea if she already were on our Reserve list.

Mr. BATES. Or if not on the Reserve list.

Is every girl who has terminated her service with the Navy on the Reserve list? Is she still considered a reservist?

Captain DEWITT. She is, unless she resigned. Unless she asked for her resignation from the Reserve. Some of them have wanted to get out for hardship or other reasons. They did not want to continue.

Some of them, through marriage, have terminated their Reserve status.

Mr. BATES. As time goes on the hardship has ceased and they said to themselves "I would like to get back in the Navy again," and the Army said "We will take you back if you were already commissioned in the AUS, up to the age of 35."

The Navy, under this bill, says 28.

Captain DEWITT. Yes, sir.

Mr. BATES. Do you believe you ought to have a little bit more flexibility?

Mr. DOUGLASS. Madam Chairman, I think there is some misapprehension on Captain DeWitt's part.

Under section 12 of the Nurse Corps Act provision is made for nurses in the Nurse Corps Reserve and former members of the Nurse Corps, or Nurse Corps Reserve, abolished by this act, to come back into the Regular Nurse Corps in accordance with sections 5, 6, and 7 of the act of April 18, 1946, which is the act under which temporary officers of the Navy and Reserve officers of the Navy are transferred to the Regular Navy.

Those same provisions will apply to Reserve nurses now on the inactive list of the Naval Reserve.

Mr. BATES. Then my question is, what is the maximum age limit beyond which they cannot come back?

Mr. DOUGLASS. By regulation, I think, for the Nurse Corps the age is 38.

Mr. BATES. 38?

Mr. DOUGLASS. Yes, sir. By regulation on age, the maximum age was fixed for the line, the Medical Corps, Dental Corps, and so on. And for the Nurse Corps as I recall it, it is age 38.

Mr. BATES. So if a girl has been through the service and has resigned because of hardship or other reasons and wishes to go back into the Regular Navy again as a commissioned nurse, she can up to the point she is 38 years of age?

Mr. DOUGLASS. Yes, sir; under the provisions of the act of April 18, 1946.

Mr. BATES. And the Army is age 35?

General KIRK. Yes, sir.

Mr. VINSON. May I ask a question?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. My understanding is that from civilian life, General, having been in the service, coming in from civilian life, the age limit is from 21 to 35 years of age?

General KIRK. That is right.

Mr. VINSON. All those that are already in the service, and on active duty are automatically by this bill transferred into the Nurse Corps on active duty.

General KIRK. Providing they meet the standards.

Mr. VINSON. That is right. They are eligible for transfer irrespective of age.

General KIRK. Up to 35.

Mr. VINSON. Then all of them that are in the Reserve and on active duty, it is limited to 35 years of age?

General KIRK. Yes, sir.

Mr. VINSON. And if over 35 they cannot be accepted in the Regular Nurse Corps?

General KIRK. No, sir.

Mr. VINSON. As provided by this bill?

General KIRK. No, sir.

Mr. VINSON. What becomes of them?

General KIRK. They stay on active duty if we need them.

Mr. VINSON. They are reservists and still on active duty?

General KIRK. That is right.

Mr. VINSON. But they are not members of the Regular Nurse Corps?

General KIRK. That is correct, sir.

In other words, we let that nurse out of service when she becomes surplus.

Mr. VINSON. Now, if she is a nurse having been in the service, and resigns, she falls back in the status of a civilian then. The mere fact that she has been in the service and resigns her Reserve commission, she would have to start just like she were a civilian in the first instance, would she not?

General KIRK. I think only those that resigned for hardship or what not. The others are all inactive and none of those resigned.

Mr. VINSON. Even those on the inactive list, before you can accept them for the Regular, must be between the ages of 21 and 35.

General KIRK. Yes, sir.

Mr. VINSON. And in the Navy, as I understood, the age limit is between 21 and 38.

Now, I was of the impression that the theory of the bill was that all of those in the service today, irrespective of their age, were automatically blanketed in if they met the professional qualifications. But they do not do it.

General KIRK. No, sir. That is for the Regular nurse only, in the corps before the war.

Mr. VINSON. Then you have two groups, the Regular that was in before the war. Are they automatically transferred?

General KIRK. Yes, sir.

Mr. VINSON. Irrespective of age?

General KIRK. Yes, sir.

Mr. VINSON. And the Reserves called to active duty during the war, and served during the war, the age limit to become a Regular is 35?

General KIRK. That is correct, sir.

Mr. VINSON. I got it straight.

Mr. RIVERS. May I ask a question?

Mrs. SMITH. Mr. Rivers.

Mr. RIVERS. I call your attention to this, General. We are now considering the qualifications of a woman for the Women's Medical Specialist Corps, and 35 relates to that woman and not the nurse.

General KIRK. It relates to both.

Mr. RIVERS. Show me that in the bill.

General KIRK. Line 16, on page 10—

that no person shall be appointed a commissioned officer in the Army Nurse Corps under this provision except a person, otherwise qualified who has not attained the age of 35.

Mr. RIVERS. Thank you.

Mr. VINSON. Then there are three groups: Civilian status; 21 to 28, the Regulars are automatically transferred, irrespective of age.

General KIRK. Yes, sir.

Mr. VINSON. A reservist who may be doing active duty has a limitation of 35 years of age?

General KIRK. Yes, sir.

Mrs. SMITH. General Kirk, would you have any objection to 38?

General KIRK. If that is the committee's pleasure.

Mr. BATES. What is your recommendation?

General KIRK. Thirty-five would be the top limit because we are letting these people out and retiring them at the age of 50, and there is a limitation on the integration of officers of the line at 44 years.

Mr. BATES. Then what would you suggest, Captain DeWitt, about making the Navy 35?

Captain DEWITT. I think that would be all right.

Mr. BATES. I think we should have uniformity as far as we can.

Captain DEWITT. Yes, sir. I think that should be added to our law right in this bill.

Mr. BATES. It could be easily placed in this bill at that point.

Captain NUNN. Regarding putting it in the bill, sir, I think it would be better to leave it under the regulations prescribed by the Secretary as we bring the male officers in.

Mr. BATES. Then it is a regulation and not law?

Captain DEWITT. Yes, sir.

Mr. BATES. Then as I understand you will recommend that the regulations be changed to conform with the Army?

Captain NUNN. Yes, sir. The regulations for the induction of nurses have not been prepared, sir; yet.

But they will be the same kind of thing under which we took in the male. We can make the age conform in our regulations.

Mr. BATES. That is all right.

Mr. VINSON. If you can make them conform that way, it should be all right. There is no harm in putting it in the statute.

Mr. BATES. I do not think it has any special significance.

Mrs. SMITH. Mr. Durham?

Mr. DURHAM. Captain, the other day I asked you for these figures, that would be affected by the age 38, how many you could not take in. I asked you so supply those figures for the record.

Captain DEWITT. Yes, sir. I have not quite completed them yet. There are 29. Table attached to page 141 of afternoon session of February 7, 1947.

Mr. DURHAM. I want the same thing, General Kirk, supplied from the Army, as far as you can, the numbers that would be affected by the age 30 that would not be privileged to come into the service because of this act.

General KIRK. As far as we can, sir, but I am afraid it will not be a proper count.

Mr. DURHAM. I know you have a bigger job, a bigger job than the Navy. But how many are involved?

Captain DEWITT. Sir, the list that I understood that you wanted prepared was the list of nurses who would have to retire on this bill because they reached the age of 50, or 55.

Mr. DURHAM. That is correct. Those are the figures. That is what I wanted.

General KIRK. You want, out of the Regular Corps, how many will be overage to retire under section 1 of this? And not what we are discussing at the moment.

Mr. DURHAM. Yes, sir.

General KIRK. We can give you that right now.

There are 24, sir, in the Regular Nurse Corps.

Mr. VINSON. But there will be thousands of them in the Reserve that might want to come back over the age 35.

General KIRK. Yes, sir. And we cannot give that figure, sir.

Mrs. SMITH. Are there any other questions?

Mr. RIVERS. I move the adoption.

Mrs. SMITH. The motion has been made to adopt subsection (b), as read, and seconded.

Are there any objections?

(No response.)

Mrs. SMITH. Without objection subsection (b) is adopted.

Colonel KINTZ. Page 11, line 13. [Reading:]

SEC. 204. A person appointed under the provisions of this title who is credited, as provided in section 205 hereof, with less than the minimum length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of first lieutenant, shall be appointed in the grade of second lieutenant; a person credited with service equal to or greater than the minimum length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of first lieutenant, but less than the minimum length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of captain, shall be appointed in the grade of first lieutenant; a person credited with service equal to or greater than the minimum length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of captain, shall be appointed in the grade of captain; majors and lieutenant colonels shall be appointed by selection, to fill vacancies in those grades from among persons who are appointed or are qualified for appointment in the grade of captain: *Provided*, That no person shall be appointed in the Army Nurse Corps or the Women's Medical Specialist Corps in a grade higher than the rank (either actual or relative) which such person held during any of the wars in which the United States is now engaged.

This section provides for the grades of the officers of this corps, establishing them on a parity with the promotion-list officers, up to the grade of captain only. Majors and lieutenant colonels should be appointed by selection to fill existing vacancies.

It provides also that no individual would be appointed in a grade higher than they held during the war when they were on active duty.

Mr. VINSON. May I ask a question?

Mrs. SMITH. Yes, Mr. Vinson.

Mr. VINSON. Is there any provision in this bill for the method of selection?

General KIRK. That is as the Secretary of War may direct. That is in another section of the bill.

Mr. VINSON. And he can establish a board of officers to make the selection?

General KIRK. Yes, sir.

Mr. VINSON. Is it restricted to the Medical Corps?

General KIRK. It is not restricted. It is up to the Secretary to direct. It is presumed that it will be Medical, but it is not stated in the bill.

Mr. VINSON. Is this in accordance with the section of the Navy bill by giving the highest rank they held during the war?

General KIRK. Yes, sir.

Mr. VINSON. Another question. Does this permit the tacking on of credit of civilian employment to the Women's Medical Corps when they were not in service in a military capacity?

General KIRK. No credit is given to those women under this regulation.

Mr. VINSON. Then the number of years they served while under the employment of the War Department as a civilian under civil-service statutes, they cannot tack that on for longevity purposes in this bill?

General KIRK. No. That is lost. They get no credit for that at all under this bill.

Mr. VINSON. The bulk of the organization served during the time from 1919 down to the beginning of 1938 when we passed the law.

General KIRK. There were some 20 to 25 physical therapists and occupational therapists who have served from World War II, or shorter periods, as civilian employees in the Medical Department.

Mr. VINSON. And they get no credit for that anywhere under this law?

General KIRK. No, sir.

Mr. DURHAM. How about retirement?

Mr. VINSON. They get no credit for that.

General KIRK. On the service they had during the war period as commissioned officers.

Mr. VINSON. I cannot see how they get credit for any retirement except military retirement.

General KIRK. They get no credit for retirement. They get credit under this for promotion but not retirement.

Mr. VINSON. How many is that applicable to?

General KIRK. Some 20 to 30 physiotherapists and the same number of dietitians.

Mr. VINSON. Why should not that time be tacked on to their services some where? The length of time they served in a civilian capacity in a quasi military way? Why should it not be counted for longevity or counted for retirement, and they have the benefit of it?

General KIRK. The War Department would not accept that for retirement privileges.

Mr. VINSON. As a matter of fact the War Department might not, but why is it not sound?

General KIRK. Personally I think it is, but the War Department does not, and I am representing the War Department.

Mr. VINSON. Yes, I know that, and we are representing the Congress. I am trying to analyze it.

Mr. BATES. Madam Chairman, I wonder what the situation would be if we took a man who had been in the employ of the War Department as a civilian for 20 years, then went into the military service for 5. Would the 20 years count as longevity, and if you do, you have to count 1 year, 2 years, 5 years. Where are you going to draw the line?

Mr. VINSON. That is not an exactly analogous situation. These specialists were under a military jurisdiction while civilians. They were brought in when we passed an act a few years ago.

I am wondering whether it is fair to those people who devoted practically the major portion of their lives to this service if when you do bring them in, and when you give them officer status in the Regular Army, that they can only get retirement credit from World War II, when they started in World War I.

It is pretty tough. You furnished them uniforms, did you not? Did they not have all the apparel and lived in the hospitals, and have all the supervision of a Regular Army nurse?

General KIRK. They did, except they had no semimilitary status as did the nurse at that time.

Mr. VINSON. That is right. They wore the uniform.

General KIRK. They wore a uniform when on duty in the hospital.

Mr. VINSON. I do not know. We have enough trouble on our hands, but it looks like it is a pretty hard proposition for these women who built up this organization to lose those years and get no benefit from longevity at all.

Mr. BATES. While they were in civilian capacity they were entitled to all the retirement privileges as civilian employees of the Government, were they not?

General KIRK. They were not part of the service. They were part of the Medical Department employees and did not come under civil service until 1938.

Mr. VINSON. That is right. In 1938 we passed a bill giving them civil-service status.

General KIRK. That is right.

Mr. VINSON. Up to that time they were not civil-service employees.

General KIRK. That is right.

Mr. BATES. Up to this time we have had no criticism of what should be done for them, have we?

General KIRK. No, sir.

Mr. BATES. Then why do we want to borrow precedent.

Mr. VINSON. It is a matter of principle.

Mr. BATES. Of course, but it is a matter of precedent also, that is going to be very far reaching once established, whether it is 5 years, 10 years, 15 or 20 years.

General KIRK. I am sure if they were at liberty to they would be represented before this committee and say what they think about it. But actually they belong to the organization of the Army, and when the Army sets up a bill they do not get that credit, they do not appear as witnesses unless they are called.

Mrs. SMITH. General Kirk, may I ask for the record here, have you talked with the civilian organizations of dietitians, physiotherapists, and occupational therapists, about the provisions of this bill? Do you know whether or not they approve of this bill as it is set up?

General KIRK. They approve of it heartily as far as I know, all of those organizations.

Mr. VINSON. It is of great benefit to them because of the recognition they attain.

Mr. RIVERS. Madam Chairman?

Mrs. SMITH. Mr. Rivers.

Mr. RIVERS. At that point, just because they are not permitted to come in and testify, we should not be precluded from doing the right thing.

Now, what is the right thing to do? That is what I want to find out.

Mr. VINSON. General Kirk is in an embarrassing position. Do not embarrass him.

Mr. RIVERS. Permit me to make my own questions.

General KIRK. May I personally say that I answer those in the positive. This is personal, and not as Surgeon General of the Army. I think those women should be credited with that service.

Mr. RIVERS. Why should we not do the right thing here? You say the War Department did not O. K. that, or the Bureau of the Budget?

General KIRK. Neither one O. K.'d that. I am reporting this bill as a representative of the War Department, and it is not included in the bill.

Mr. RIVERS. Was that brought to the attention of the Budget and the War Department?

Mr. KIRK. It was.

Mr. RIVERS. And they both vetoed it?

General KIRK. Yes.

Mr. RIVERS. I still think we ought to do the right thing.

Mr. VINSON. You can do the right thing by offering to correct it if you think it is right. But I submit this——

Mr. RIVERS. Why do you not offer it?

Mr. VINSON. I am going along with the Department in this bill.

Mr. BATES. So am I.

I think something should be done somewhere, however, and I do not know whether we can lay it on. But some recognition should be made. And the general is to be commended for his broad liberal views about it.

Mr. RIVERS. I think so.

Mr. VINSON. It might jeopardize the establishment of this Women's Specialist Corps, and that is great recognition for the first time.

We might have to help them out a little bit later on.

Mr. RIVERS. Madam Chairman, I am going to ask our attorney to fix me an amendment, and I will decide whether to put it in.

Mrs. SMITH. General Kirk, did the War Department and the Budget give you a reason for not including that provision?

General KIRK. That it would set a precedent, as has been pointed out here.

Mr. BATES. I do not know how far reaching it is. And if it is to be considered it seems to me we should consider it in a separate bill where the whole thing could be opened up.

Mrs. SMITH. Are there any more questions?

Mr. RIVERS. Where should this thing be considered more thoroughly than in a subcommittee? We are here to go into these things. That is why we are a subcommittee. I do not know why we are not qualified to consider it.

Mr. BATES. A little later, on a special bill.

Mr. RIVERS. I will still put it in.

Mrs. SMITH. Mr. Gavin?

Mr. GAVIN. If this recognition was granted, would it have any effect on the service? Any branch of the service? Who might take exception if we did recognize this period of service?

General KIRK. Might I have the representative of the Legislative and Liaison of the War Department answer the question?

Colonel HOUCK. I do not think, Mr. Gavin, it is so much a question of the matter of the Nurses' Corps, or the Women's Specialist Corps. But in the Army as a whole we have many people who have long Federal civilian employment.

In the Department of Engineers, particularly, many of our officers commissioned during the war, and some have been taken into the Regular Army, have long years of service as civilian employees of the Department of Engineers.

The thing that is feared by the War Department to extend credit for that service to this small group of 20 or 25 women would establish a precedent on which these many other individuals could then base demands for similar recognition and it would result in a tremendous amount of future difficulty for both the Department and the Congress.

We felt it unwise to do that, not that we did not want to recognize the service but if we adopt that precedent it will have very far-reaching results in other fields.

Mr. BATES. And it may be felt in all of our navy yards and arsenals with all our technicians.

Colonel HOUCK. Yes, sir.

Mr. GAVIN. Why were the nurses not taken in prior to 1938?

Colonel HOUCK. There was no provision of the law prior to 1938.

General KIRK. These are physiotherapists and not nurses.

Colonel HOUCK. They are hired as civilian employees.

Mr. VINSON. Madam Chairman, we are going a long way, anyhow. We all recognize it, and we can deal with it in a special bill if it comes in here. We know the attitude of the Surgeon General, his personal attitude. And as the colonel said, if it is opened up right now it might be deemed a precedent.

We do not want to jeopardize this bill, because it will do much for the Specialist Corps by creating it, giving them recognition, putting them in the Army, and starting off with colonels and lieutenant colonels, and so forth, and so on. We ought to let well enough alone for the time being.

Mr. DURHAM. The problem came up last year in the Retirement Act which we considered and passed in the House.

Mr. RIVERS. I am glad to find out that the Army has decided to have some concern of the taxpayers' money. I will withdraw that motion.

Mr. DURHAM. I move the approval of that section.

Mrs. SMITH. Without objection section 204 is approved.

Mrs. SMITH. Colonel Kintz?

Colonel KINTZ. Page 12, line 12. {Reading:}

SEC. 205. (a) For the purposes specified in subsection (b) hereof, each person appointed pursuant to provisions of this title shall, at the time of her appointment, be credited with whichever is the greater of the following two periods of service: (A) a period of service equal to the number of years, months, and days which such person served on active Federal military service either as a member (including the status of Reserve nurse) of the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879), as amended, or as a dietitian or physical therapist with the Medical Department of the Army under the provisions of the Act of December 22, 1942 (56 Stat. 1072), or in the status of a commissioned officer in the Army of the United States under appointment pursuant to the Act of June 22, 1944 (58 Stat. 324); or (2) a period of service determined constructively in accordance with regulations prescribed by the Secretary

of War: *Provided*, That in computing the total period of active Federal military service each such person honorably discharged or separated from active Federal military service subsequent to May 12, 1945, shall also be credited with the period from the date of her discharge or separation from active Federal military service to the date of her appointment.

This section sets up the periods of time that a person may use to determine their credit for grade or rank at time of appointment by two methods: Either giving them credit for the amount of active military service they have had while on active duty, or a period of service determined constructively as prescribed by the Secretary of War, a provision which is similar to the male officer integration under Public Law 281.

Mr. VINSON. I would like an explanation of the second—

a period of service determined constructively in accordance with regulations prescribed by the Secretary of War.

What does that mean?

General KIRK. That is the integration act under which we are taking all officers in. They are given so much credit according to their age, and that determines whether they come in as a second lieutenant or captain. The same as we integrated the 50,000 officers, authorized under that act of 1944.

It is whichever one is the greatest, the same way we integrated the male officers.

Mrs. SMITH. Mr. Bates?

Mr. BATES. Captain Nunn, is there any difference in the computing of the time for credit to be given under the provisions of this section here than what we now have or will have under the nurses' bill for the Navy?

Captain NUNN. No, sir.

Mr. BATES. You think it is pretty clear that all the benefits are going to girls who are going back into the Army as nurses, being given all these credits, that in the Navy bill the girl will receive the same credit for time served?

Captain NUNN. Yes, sir.

Mr. BATES. Exactly the same?

Captain NUNN. Yes, sir.

Mrs. SMITH. Mr. Durham?

Mr. DURHAM. No questions.

Mrs. SMITH. Mr. Vinson?

Mr. VINSON. No questions.

Mrs. SMITH. Mr. Gavin?

Mr. GAVIN. No questions.

Mrs. SMITH. Mr. Winstead?

Mr. WINSTEAD. No questions.

Mr. BATES. I move the adoption of section 205 (a).

Mrs. SMITH. Without objection, section (a) is adopted as read.

Subsection (b) is next.

Colonel KINTZ. Page 13, line 11. [Reading:]

(b) The period of service credited to a person as provided in subsection (a) hereof shall be counted and construed as continuous active commissioned service on the active list of the Regular Army for the following two purposes: (1) For the purpose of determining the grade and rank of a person appointed under the provisions of this title; and (2) for the purpose of determining a person's right to promotion subsequent to appointment under the provisions of this title. Except for the foregoing specified purposes, provisions of existing law regarding length of service and benefits accruing therefrom shall not be affected.

This subsection provides how this service may be used for two purposes only: (1) To determine their initial grade and rank, and for promotion. It does not apply to other things such as retirement pay, and so forth.

It merely gives them the initial grade and rank and their length of service toward promotion.

Mr. BATES. Is there any difference in that section with the present Navy regulations?

Captain NUNN. No, sir.

Mrs. SMITH. Any questions?

Mr. DURHAM. I move the adoption.

Mrs. SMITH. Without objection, section (b) is adopted.

Colonel KINTZ. Section 206. [Reading:]

Relative rank among commissioned officers of the Army Nurse Corps and the Women's Medical Specialist Corps, within each corps, and between such officers and other commissioned officers of the Regular Army, shall be determined in the manner now or hereafter prescribed by law for the determination of relative rank among other commissioned officers of the Regular Army. Commissioned officers of each such corps shall not be entitled, by virtue of their rank, to command, except within their respective corps, and over such persons as may be placed under their charge by competent authority, but may be assigned by the Secretary of War to perform such duties as the interests of the service may require.

This section merely establishes the authority of the personnel commissioned in these corps.

Mr. VINSON. Then they can command only in their respective organizations?

Colonel KINTZ. Right.

Mr. VINSON. The last line.

may be assigned by the Secretary of War to perform such duties as the interests of the service may require.

Does that mean the military service or limited service?

Colonel KINTZ. I do not quite understand.

Mr. VINSON. It says:

but may be assigned by the Secretary of War to perform such duties as the interests of the service may require.

Does that mean the service of the Military Establishment or the service of the Army Nurse Corps or Women's Specialist Corps?

General KIRK. I think it limits what command functions they may have.

Mr. VINSON. That is right. But does not this clause leave it wide open?

General KIRK. It broadens only the duties which they may be assigned which could not all be spelled out.

Mr. VINSON. It means an assignment of their respective organizations.

General KIRK. Yes, sir.

Mr. VINSON. That is what I am trying to drive at.

General KIRK. Yes, sir.

Mr. VINSON. That is what it means?

General KIRK. Yes, sir.

Mr. VINSON. It does not mean they can be assigned anything outside of their respective organizations?

General KIRK. No, sir.

Mr. RIVERS. Madam Chairman, at that point, we were very careful in the Navy bill.

We put something in there about command. Why should we not do that here?

Mr. VINSON. It is in here. I move the adoption of the amendment.

Mr. RIVERS. Seconded.

Mrs. SMITH. Without objection section 206 is adopted as read.

Mrs. SMITH. Colonel Kintz.

Colonel KINTZ. Page 14, line 11. [Reading:]

SEC. 207. (a) Commissioned officers of the Army Nurse Corps and the Women's Medical Specialist Corps, Regular Army, shall, upon completion of the length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of first lieutenant, be promoted to the permanent grade of first lieutenant; commissioned officers of such corps shall, after completing the length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of captain, be promoted to the permanent grade of captain upon satisfactorily passing such examinations as the Secretary of War shall prescribe. Promotion to the permanent grade of major shall be by selection, under regulations prescribed by the Secretary of War, from among officers in the grade of captain who have completed the length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of major. Promotion to the permanent grade of lieutenant colonel shall be by selection, under regulations prescribed by the Secretary of War, from officers in the permanent grade of major with at least one year's service in the grade of major.

This section sets up the promotion schedule of these officers, paralleling the promotion list of the Army at large, of the promotion-list officers, except to the grade of captain where an examination is required as required by the Secretary of War, and it establishes the promotion beyond the grade of captain to major and lieutenant colonel, from those in the permanent grade of major who have had at least 1 year's service in the grade of major.

Mr. VINSON. May I ask a question?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. What is the minimum number of years one must serve in the rank of captain before they are eligible for the rank of major?

General KIRK. Under the proposed law that is scheduled and coming to you for your action in the near future, it would be 7 years in the grade of first lieutenant, and then promoted to captain. And another 7 years promoted from captain to major.

Mr. VINSON. You would have to be in the grade of captain approximately 7 years?

General KIRK. Yes, sir.

Mr. VINSON. And then to be promoted to major 7 years. But then it says further "promotion to the permanent grade of lieutenant colonel shall be by selection." He does not have to serve but 1 year in the grade of major to be eligible for promotion to the rank of lieutenant colonel?

General KIRK. Yes.

Mr. VINSON. Do you think that 1 year is long enough to serve in a grade, any grade, before he is promoted?

He hardly gets his chevrons on before he is promoted.

General KIRK. I might be able to explain why this was written this way by the War Department.

On the proposed schedules which will be proposed in the near future by the War Department, the officer who attains a grade of

lieutenant colonel may be selected for promotion to the grade of colonel after 1 year's service in the grade of lieutenant colonel, if there are vacancies in the grade of colonel.

So the selection will start working at that time rather than 3 or 4 years later to select the best man to the grade of colonel.

Mr. VINSON. Then under this proposed bill a nurse must serve at least 7 years before she can be made a captain?

General KIRK. Yes, sir.

Mr. VINSON. Then, after she becomes a major she can serve 1 year and be eligible for promotion to lieutenant colonel?

General KIRK. If there is a position vacant in the position of lieutenant colonel, and that is limited by seven-tenths of 1 percent.

Mrs. SMITH. General Kirk, she must be in the service 7 years before she becomes a captain?

General KIRK. Yes, that is correct.

Mrs. SMITH. And 7 years before she becomes a major. Then she must be in 14 years before she becomes a major?

General KIRK. That is right. And she must be in service 15 years then, going on that schedule, before she is eligible for selection to grade of lieutenant colonel.

Mrs. SMITH. This is with respect to the law you have to come before the committee?

General KIRK. Yes.

Mrs. SMITH. Mr. Bates?

Mr. BATES. Captain, the relative rank for second lieutenant is ensign in the Navy?

Captain NUNN. Yes, sir.

Mr. BATES. How many years, under the law, does one have to serve as an ensign before he goes up to lieutenant junior grade?

Captain NUNN. Three years, sir.

Mr. BATES. And General, how many years will a nurse under the provisions of this bill have to serve as a second lieutenant before she goes up to first?

General KIRK. It depends upon what action this committee takes on it.

Mr. BATES. I mean under the provisions of this bill.

General KIRK. Three years under the present law.

Mr. BATES. Three years?

General KIRK. Yes, sir.

Mr. BATES. Captain Nunn, how many years does a second lieutenant take to go up to full lieutenant?

Captain NUNN. Under the selection system of promotion, sir, which the Navy has—

Mr. BATES. For lieutenants?

Captain NUNN. Yes, sir. That varies.

Mr. BATES. How long have we had a selection for lieutenants in the Navy?

Captain NUNN. Since 1932, sir.

Mr. BATES. I thought that second lieutenants go up with their class, automatically.

Captain NUNN. No, sir.

Ensigns go to lieutenant junior grade at the termination of 3 years, sir. Lieutenants junior grade are promoted to lieutenants as the result of selection.

Mr. BATES. Selection?

Captain NUNN. Yes, sir.

Mr. BATES. How many years in the rank of second lieutenant before they go to first?

Captain NUNN. In the grade of lieutenant junior grade before they go to lieutenant, generally 4 years, sir, except during war.

Mr. BATES. Then that checks out with the second lieutenant and the first lieutenant in the Army, before they go up to either captain or full lieutenant.

Captain NUNN. Yes, sir.

Mr. VINSON. May I say, Mr. Bates, we have tried to have at least a minimum of 3 years in the rank of a lieutenant commander to a commander, and 3 years in the rank of commander to a captain.

Mr. BATES. That is what I mean. If we are trying to do that, the only thought I had is that we should try to be consistent.

Mr. VINSON. You do not get that until you get a new promotion law in the Army. Then when you get a new promotion law in the Army then it would not be much different as to the length of service required in grade before a person is eligible for consideration by selection.

Mr. BATES. You say get the law changed. Is there a bill pending, General?

General KIRK. Yes, sir.

Mr. BATES. And it establishes equal rank for the counter-parts of all the grades in both the Army and the Navy?

General KIRK. That is my understanding, sir.

Mr. DURHAM. I would like to ask the Colonel a question. This is based on whether or not we pass this promotion law.

I would like for the Colonel to put in the record the promotion list as it exists today under present law, as far as the Army is concerned.

Colonel HOUCK. Under the present law, the Army Promotion Act of 1935, an officer must serve 3 years in the grade of second lieutenant and he is then promoted automatically to the grade of first lieutenant, where he serves 7 years, and he is promoted automatically to the grade of captain, being a total of 10 years.

He then serves 7 more years and is promoted automatically to the grade of major, a total of 17 years, and to the grade of lieutenant colonel after 23 years' service.

We have no provision in the Army at the present time for promotion by selection. That particular system has not worked very satisfactorily, and we have in the Bureau of the Budget at the present time a proposal for a new promotion plan which will closely parallel the present naval promotion plan and make provision for the motion by selection.

Mr. VINSON. From the rank of captain up.

Colonel HOUCK. Yes, sir.

Mr. VINSON. And the lower grades automatically.

Colonel HOUCK. And the language of this particular section was written, as General Kirk has explained, with a view so that it will correspond with the proposed plan rather than automatic promotion on length of service alone as we have now.

Mr. DURHAM. One of these individuals under this bill would have to serve 23 years before he got to be a lieutenant colonel.

Colonel HOUCK. Yes, sir, at the present time.

Mr. BATES. That will do away with the 4-year colonelcy from lieutenant to colonel in 4 years.

Colonel HOUCK. Yes, sir. Under this bill as it reads, and under the present law, a nurse would have to serve 17 years before she would be eligible for promotion to the grade of major; that is, if the present law remains the same.

In other words, this says she would have to serve 7 years in the grade of captain and then she would have to serve 7 more years in that grade to become eligible for the grade of major at the present time.

And then, under this, 1 year. So under this bill she could be promoted after 15 years' service.

Mr. VINSON. As a matter of fact nearly all Army officers had to wait about 17 years before they got promoted from captain to major, did they not?

Colonel HOUCK. At the present time it requires 17 years' service; yes, sir.

Mr. BATES. What happens, aside from the question, Madam Chairman, to these so-called Reserve officers who are now going into the Regular Army, who in the 4-year period of time have gone from second lieutenants to lieutenant colonels or full colonels?

Colonel HOUCK. The Integration Act, Public, 281, of the Seventy-sixth Congress, provides that she shall be appointed in grades, determined in one of two ways: (1) according to their total length of active military service during the war; that is, before Pearl Harbor, and that applies only to the younger grades.

Let us say a man of 4 years' service would be promoted to first lieutenant. Now, you can also determine it constructively under the terms of that act by subtracting his age, by taking the difference between his age and 25.

In other words, if the man is 40 years of age, he is given constructive service for 15 years.

Mrs. SMITH. Captain DeWitt, will you tell me how long a nurse has to serve in the Navy before she becomes a lieutenant?

Captain DEWITT. We did not have a selection service before, but this bill makes it and it should go along with the male officers, and that will be 7 years. She will be 3 years, as I understand it, an ensign, and 4 years as a lieutenant (junior grade), and then, on the beginning of her eighth year, she would be eligible for selection to lieutenant.

Mrs. SMITH. Then how long before she becomes a lieutenant commander?

Captain DEWITT. That would depend on selection, and it would also depend on the number that we are allowed to have, the vacancies that would be created.

Mrs. SMITH. What do you find that appeals to the girls most in recruiting: Rank, pay, retirement, uniform, or service?

Captain DEWITT. Possibly during the war it was the idea of being in the armed forces and the wearing of a uniform. Now, I think we should offer them an opportunity for advancement, and then a good salary. Very few nurses are interested in retirement until they have been in the service at least 10 years. Very few of them think of retirement.

Mrs. SMITH. Would you place salary or promotion first?

Captain DeWITT. I think the opportunity to have your ability recognized would be first.

Mrs. SMITH. Service first.

Mr. RIVERS. Money is always a prime thing, and if you cannot tell these women that they will get a living salary, you cannot get them.

Mr. VINSON. I do not agree with you on that.

I move the adoption.

Mrs. SMITH. Without objection subsection (a) of section 207 is adopted.

Mrs. SMITH. Colonel Kintz.

Colonel KINTZ. Page 15, line 6 [reading]:

(b) The examination for promotion referred to in subsection (a) above, shall be prescribed by the Secretary of War and shall be held before a board of three officers designated by the Secretary of War. Should any officer fail to pass such examination, she shall be continued on active duty for a period of one year after the date upon which her promotion would normally have occurred, but without being so promoted, and upon the expiration of such year, or such time anterior to the expiration thereof as may be determined by the Secretary of War to be for the best interests of the service, such officer shall undergo such reexamination as may be prescribed by the Secretary of War and which shall be held before a board of officers designated by the Secretary of War, none of whom participated in the original examination of the officer concerned. If the officer concerned fails to pass the reexamination, she shall be honorably discharged from the service in the permanent grade then held with severance pay the same as now or hereafter prescribed for officers of the Regular Army separated by reason of not being selected for promotion.

This section sets up the examination for promotion to captain and establishes the fact that if she does not pass the examination she is continued on duty for 1 year, at the end of which time she is then reexamined, and if she then fails to pass the reexamination she is discharged.

It gives an opportunity for a second try at promotion. She cannot be passed over twice, in other words.

Mr. BATES. That is precisely the same, is it not, Colonel, the same as we have in the Navy? You have two opportunities for selection.

Captain NUNN. Yes, sir.

Mrs. SMITH. Mr. Durham?

Mr. DURHAM. Why is it necessary to put this provision in the act. Is that not covered by general law?

Colonel KINTZ. I do not believe so.

General KIRK. That parallels the proposed bill that will be presented to you for all Army officers.

Mr. VINSON. This is a method of getting them out when they fail to qualify. I move the adoption.

Mrs. SMITH. Mr. Rivers?

Mr. RIVERS. Does that not make the nurses a preferred group, or just reconciles the law for the nurses?

General KIRK. It requires them to take an examination, as we expect to require of all officers of the Medical Department, whether the line does or not.

Mr. RIVERS. What does the line require; can you tell me?

General KIRK. They do not require any professional examination at the moment, but their records are checked into and it is determined by their records.

Mr. RIVERS. This is special for the nurses?

General KIRK. It applies to all officers of the Medical Department, including nurses, and in the legislation we have and expect to present to you.

Mr. RIVERS. My question is this: This puts the nurses on the same footing with other officers of the Medical Department?

General KIRK. That is right.

Mr. VINSON. May I ask a question?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. The selection starts from the rank of captain to major?

General KIRK. Yes, sir.

Mr. VINSON. And they must go before this board of three officers designated by the Secretary of War?

General KIRK. Yes, sir.

Mr. VINSON. This board convenes annually or whenever the Secretary might call it to meet?

General KIRK. Yes, sir.

Mr. VINSON. It all depends upon how many vacancies may exist as to the number of people to be considered?

General KIRK. Yes, sir.

Mr. VINSON. And if they go before the board the first year and fail to pass, then within a year they have an opportunity to go before an entirely new board?

General KIRK. No, sir. These nurses that are selected for majority are not passed over and pushed out, if they are not passed over from that majority. The only time we find these officers and let them out of service is from the grade of lieutenant to captain.

Mr. VINSON. But the whole selection starts from the grade of captain to major?

General KIRK. No; not in this nurse bill.

Mr. VINSON. It says, "Promotion to the permanent grade of major shall be by selection."

General KIRK. That is correct. But it does not say "subject to examination," or it does not say that she will be reexamined a year later and passed out if she fails.

You take a list of names to be given. Say there are 50 nurses' names on there, and from one will be selected the name of a nurse to go to the grade of major. If she is not selected, she will stay as a captain until she is 50 years old.

Mr. VINSON. I understand that. Unless she comes up.

General KIRK. Not necessarily. She is on a list. The selection to the grade of major is different than from the grade of first lieutenant to captain.

Every nurse has to pass an examination to be acceptable to get the captaincy. Then she stays a captain until she is 50 years old; unless she is selected from that group to become a major by some board, she stays on that list.

Mr. VINSON. She goes out then at 50 years of age?

General KIRK. That is right. If she is selected up, then she goes to the grade of major and holds that until she is 55.

Mr. VINSON. Then the way to get out is age limit. That is the only method you have of getting them out?

General KIRK. That is right.

Mr. VINSON. In that grade?

General KIRK. That is right.

Mr. VINSON. And not by the method of elimination by the selection board?

General KIRK. That is right. The majority of them go to the grade of captain. That is where they stop.

Mr. RIVERS. I move the adoption.

Mrs. SMITH. Is there any objection?

(No response.)

Mrs. SMITH. Without objection, subsection (b) is adopted as read. Section 208 is next.

Colonel KINTZ. Line 1, page 16:

SEC. 208. (a) An officer on the active list of either the Army Nurse Corps or the Women's Medical Specialist Corps, Regular Army, after twenty years' active Federal service in the armed forces of the United States, may upon her request, at the discretion of the Secretary of War, be retired and shall receive retired pay equal to $2\frac{1}{2}$ per centum of the base and longevity pay she would receive if serving on active duty in the grade in which retired, multiplied by a number equal to the number of years of such active Federal service: *Provided*, That in computing the number of years of such service for the purpose of determining the percentage of active duty pay, and for no other purpose, any fractional part of a year amounting to six months or more shall be counted as a complete year: *Provided further*, That in no event shall such retired pay exceed 75 per centum of such base and longevity pay: *And provided further*, That regardless of the years of service completed, at any time after such an officer shall have attained the age of fifty, if her permanent grade is below that of major, or at any time after such an officer shall have attained the age of fifty-five, if her permanent grade is major or higher, she may, at the discretion of the Secretary of War without her consent, be retired and upon such retirement she shall receive retired pay equal to 3 per centum of the base and longevity pay she would receive if serving on active duty in the grade in which retired, multiplied by a number equal to the number of years of her active Federal service, but in no event shall such retired pay exceed 75 per centum of such base and longevity pay.

This section establishes the retirement and the means or modes of retirement of personnel of the Army Nurse Corps and the Women's Medical Specialist Corps, which provides that, after 20 years of active Federal service, they may retire upon their own request and receive $2\frac{1}{2}$ percent of their base and longevity pay, provided that does not exceed 75 percent of their base and longevity pay, and that a fractional part of a year over 6 months is considered a full year.

It provides also that the officer will be retired at age 50 if her permanent grade is below that of major, and at age 55 if her grade is over that of major, at 3 percent of her base and longevity pay, provided that it will not exceed 75 percent of the base and longevity pay.

Mrs. SMITH. In other words, Colonel, if she is obliged to retire she gets 3 percent, because of age. If she retires on her own volition after 20 years, it is $2\frac{1}{2}$ percent.

Colonel KINTZ. Yes.

Mrs. SMITH. How does that differ with the Regular Army?

General KIRK. The Regular officer has that same privilege, after 20 years' service, to retire at $2\frac{1}{2}$ percent per year.

Mrs. SMITH. Does he have the 3 percent anywhere?

General KIRK. No. His promotion is not limited to the grade of captain, but ordinarily proceeds on to the grade of lieutenant colonel or colonel, and when he has done his bit at the age of retirement, 60 years, he is usually in the grade of lieutenant colonel or colonel, and not in the grade of captain. He receives $2\frac{1}{2}$ percent per year, if he has reached 30 years' service, or 75 percent of his base pay at that age, not over.

That is true of all officers. There is a statute that authorizes the retirement of World War officers who came in at an age that they could not do the 30 years' service to get 75 percent. They are permitted by the statute to retire at 4 percent per year for the number of years they served, up to a maximum of 75 percent.

Mrs. SMITH. That is really giving a special benefit to the nurses, over the rest of the personnel, the officer personnel.

General KIRK. That is correct; except, we are taking from them a limitation of their promotion. We are only allowing them to go to the grade of captain, or lieutenant (senior grade), rather than up through the senior grades that the line officers do.

Mrs. SMITH. For the record, General Kirk, would you explain how retirement at 2½ percent is computed? What does a nurse, at the end of 20 years, get?

General KIRK. After 20 years she gets 50 percent pay under 2½ percent at the age of 50.

In dollars and cents, the pay of a captain, after 21 years' service, active-duty pay, is \$371.25. On retirement, at 3 percent she would get \$233 a month.

If she had 27 years' service, her active-duty pay as a captain is \$398.75, and her retirement pay would be \$299.04. That would be the officer that came in as at 21 years of age.

The officer that came in at 28 years of age, the upper brackets which we set, would be the former officer at 60 percent, or really 75 percent, because she would not get the 75 percent, it would be over the maximum, and that would be \$233.89.

Mr. RIVERS. At that point, is that one, as the chairman indicated, that has gone out on her own volition?

General KIRK. This is one we forced out, at age.

Mrs. SMITH. Mr. Bates.

Mr. BATES. That is, essentially, the section we have been discussing at quite some length relative to the retirement provisions?

General KIRK. Yes, sir.

Mr. BATES. It seems to me that it is a variation from the Navy nurses' provision of 2½ percent, and a variation from those of the regular line. Certainly I am not going to agree to any variation in the benefit provisions of the retirement law, because I think, if we will examine the record, a large part of those line officers will be compelled to go out through lack of opportunities of vacancies in the service, or lack of selection, as we call it in the Navy.

I think it is going to be pretty hard to justify putting nurses or technicians or specialists on any other different retirement plan than those that we have in the regular line. Certainly a nurse who is getting \$200 a month has not much complaint, it seems to me, of retirement after twenty-odd years service in the Army or the Navy, either.

I think we had better hew to the line, as far as I am concerned, Madam Chairman, and standardize the retirement plan at 2½ percent.

Mrs. SMITH. Are there any questions? Mr. Vinson?

Mr. VINSON. Captain Nunn, did you not read this morning one of the laws in the Navy bill providing for a 3-percent retirement?

Captain NUNN. Yes, sir.

Mr. VINSON. Will you read that law again?

Mr. BATES. That is the old rate of pay.

Mr. VINSON. That is right. That is what all of them go back to if you do not have some statute. And the law now is that when a nurse retires she gets 3½ percent of the base pay plus longevity. Is that not the law?

Mr. BATES. Three percent.

Mr. VINSON. Three percent.

Captain NUNN. This is a statute, and I will read the whole thing so that it will give the rates of pay upon which it is based:

The annual base pay of female nurses of the Army and Navy shall be as follows:

Mr. VINSON. What law is this?

Captain NUNN. June 16, 1942 (56 Stat. 366), section 13.

Mr. VINSON. What does it say?

Captain NUNN. It reads as follows:

The annual base pay of female nurses of the Army and Navy shall be as follows: during the first three years of service, \$1,080; from the beginning of the fourth year of service until the completion of the sixth year of service, \$1,200; from the beginning of the seventh year of service until the completion of the ninth year of service, \$1,440; from the beginning of the tenth year of service until the completion of the twelfth year of service, \$1,620; from the beginning of the thirteenth year of service, \$1,800.

Superintendents of the Nurse Corps shall receive pay at the rate of \$2,500 a year; assistant superintendents, directors, and assistant directors, at the rate of \$1,500 a year; and chief nurses at the rate of \$600 a year in addition to their base pay as nurses.

Nurses shall be entitled to the money allowances plus subsistence and for rental and quarters as established by sections 5 and 6 of this Act for officers receiving the pay of the first period.

The annual pay of a retired member of the Army Nurse Corps or the Navy Nurse Corps, retired for other than physical disability, shall be 3 percent of the total annual active duty which she is receiving at the time of retirement, multiplied by the number of complete years of service rendered prior to retirement: *Provided*, That in computing the period of service for retired pay a fractional year of six months or more shall be considered a full year.

Mr. VINSON. In 1942 the nurses carried rank, did they not?

Captain NUNN. No, sir. They had a thing known as relative rank. They were not paid as officers, sir.

Mr. VINSON. I understand. But they carried rank. They were known as captains and lieutenants and majors and lieutenant colonels, and so forth.

Captain NUNN. Yes, sir.

Mr. VINSON. And we wrote a special pay bill to just suit them, which was different from the corresponding rank of officers.

Captain NUNN. Yes, sir.

Mr. VINSON. That pay bill is much under the pay of the officers?

Captain NUNN. They are not paid under the Pay Act, the Pay Readjustment Act.

Mr. VINSON. I understand that. But nevertheless they had a corresponding rank, is that correct?

Captain NUNN. A relative rank.

Mr. VINSON. And so, when they retired under that provision, they got 3 percent.

Captain NUNN. On this low base pay, sir.

Mr. VINSON. That is right. And in the Navy bill you carry out the same principle of officer rank and retirement at 2½ percent?

Captain NUNN. Yes, sir.

Mr. VINSON. And in this they carry out the same principle except in two instances: After she serves 20 years, anyone can retire and get 2½ percent.

Captain NUNN. In the Army bill; yes, sir.

Mr. VINSON. Yes. And regardless of the years' service completed, at any time such officer shall attain the age of 50 years, if of permanent grade below that of major.

Now, to go out below that, they would get 2½ percent there, would they not, General?

General KIRK. We asked in our bill for 3 percent.

Mr. VINSON. I mean, does that apply to the 3 percent?

General KIRK. Yes, sir.

Mr. VINSON. Regardless of years of service completed, at any time after such officer shall have attained the age of 50, if of permanent grade below that of major, or at any time such officer shall have attained the age of 55, they will get 3 percent in those two groups?

General KIRK. Yes, sir.

Mr. VINSON. And the reason for that is that you are following the same procedure that was given in the act of 1942?

General KIRK. Yes, sir.

Mr. VINSON. Is that it?

General KIRK. That is one reason.

Mr. VINSON. And the other reason is what?

General KIRK. We are limiting these women to the grade of captain rather than permitting them to go up to the grade earned, as the rest of the Army or the Navy does.

Mr. VINSON. We are not establishing a precedent. We already recognized the distinction in the act of 1942, and it is only under certain conditions that they get 3 percent. They cannot get 3 percent under 20 years retirement. They can only get the 3 percent if 50 years of age and have not reached the rank of major.

General KIRK. That is right.

Mr. VINSON. And if they are 55 years of age and have not reached the age of major——

General KIRK. If they have not proceeded above the grade of major or lieutenant colonel.

Mr. VINSON. As far as I am concerned, there is no hesitancy on my part to follow the same principle enunciated in the act of 1942. We are not disturbing and we are not setting any precedent because we are forcing a certain retirement by standards that we have set up. And the mere fact that Congress later on increased the base pay is no disturbing factor to my mind.

If we are justified to put it at 3 percent when we passed the law in 1942, and we already established and reached a decision as regards the 3 percent, I do not see any hesitancy as far as I am concerned for keeping it at 3 percent in these two particular groups.

Mr. BATES. Mrs. Chairman?

Mrs. SMITH. Mr. Bates.

Mr. BATES. Mr. Vinson, in his statement, is setting a precedent and he is being in fact quite inconsistent if he approves one bill containing 2½ percent and the other 3 percent. And there are the two bills right before you.

Mr. VINSON. I understand we are going to make them the same. We had that and did not pass on it the other day. We are trying to reach a decision.

Mr. BATES. That is the first inconsistency you would have to clear up.

And the second question, as I have said before on many occasions, if you are going to take men in the line who, because of lack of opportunities to go ahead, because the funnel is getting smaller as you get up in grade, we know many men are being forced out of the service between, say, the ages of 40 and 45, after standards have been substantially tightened up, which will force a great many others, in order to provide perhaps more opportunity for the men to come up through the ranks.

And here we are going to have a situation where all the line officers are going to be entitled to 2½ percent after the same period of years, and the women are going to get 3 percent. That is essentially the situation, whether you think so or not. And I think you are going to have a lot of trouble under that set-up.

Mr. VINSON. Madam Chairman?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. I move that we put the rate at 3 percent of the base pay and longevity pay, and make it apply equally to the Army and to the Navy. Of course now the 20-year provision is not involved. That is settled. This section carries out two different principles of retirement. I suggest we bring it to a motion on the 3 percent.

Mr. ANDERSON. Madam Chairman, before you put that to a vote I would like to ask a question to clarify my own mind.

In the first part of section 208 (a), it is entirely possible that a woman in the grade of captain could be retired after 20 years at her own request and receive her retired pay on the basis of 2½ percent.

General KIRK. That is what every officer has in the Army.

Mr. ANDERSON. Then, in the last proviso, it is entirely possible that a woman in the grade of captain could, before she served 19 years, we will say, and assume she served eighteen and a fraction years, she could be retired, not at her request, at 3 percent, and her retired status would be better than the retired status of the woman receiving 2½ percent, would it not?

General KIRK. Other than those woman who served during the war, in coming in in the future a woman 28 years old would be the maximum age she could come in, and that would leave her 22 years to serve to get this 3 percent at the age of 50.

Mr. ANDERSON. She would have to serve 22 years?

General KIRK. Twenty-two years to reach 50, because she could not come in the Army after 28.

Mr. ANDERSON. It looks to me as though in some instances a woman under this 3 percent would be better off than the one at 2½ percent if she were retired by the request of the Department rather than her own request.

Mr. BATES. Colonel Houck, I wonder if you could explain perhaps where there might be possible discrimination between line officers going up through, and the Navy nurses' retirement bill?

Colonel HOUCK. Very briefly, Mr. Bates, with the exception of a small group of World War I veterans who were taken into the Regular Army after the First World War, and who were permitted to retire at 4 percent because of the fact they could not at their age complete sufficient service to give them an equivalent retirement pay, the percentage on retirement had always been 2½ percent for male officers.

Now, as General Kirk has pointed out, under the present law a male officer is not compelled to retire for age until he reaches the age of 60, which is 10 years more than the nurses will have, and furthermore, under the further provision of law, he is automatically promoted up to the grade of colonel. There is no limitation except vacancies in the grade of colonel.

So that he normally retires as a lieutenant colonel or colonel, which is, as General Kirk pointed out, a considerably advanced pay figure over that of a captain.

So that, as I see it, it is a question of policy, whether the committee feels that because of the additional limitations which have been put on the nurses—in other words, retirement at the age of 50 or 55, and limitation in those cases to the grade of captain or major—you should give them some compensation for that.

It is a discrimination as far as the straight percentage is concerned, but you have already put them under a disadvantage which a male officer does not have.

Mr. VINSON. We already discriminated against them.

Mrs. SMITH. Is it not one more reason why we should make the retirement age 60 and 62 instead of 50 and 55, and provide for retirement as we do in the Regular service?

Colonel HOUCK. I am not qualified to answer that.

Mrs. SMITH. That would be a simple way out, would it not?

Mr. BATES. Will you let me follow this question through?

Colonel HOUCK. Yes, sir. That is as I see it, Mr. Bates.

In other words, there is a discrimination, yes, but there is also discrimination against the nurses because you have by this act placed certain disabilities upon them.

As a matter of policy, should you compensate them for that disability?

Mr. BATES. I understand your point. We heard that from General Kirk today.

Do you happen to have in mind what percent of the officers going through are able to go up to the full rank of colonel?

Colonel HOUCK. Under the present law?

Mr. BATES. Not the law. I mean actual administration.

Colonel HOUCK. All of them to the rank of lieutenant colonel.

Mr. BATES. Plenty of opportunity for them in the higher ranks?

Colonel HOUCK. Yes, sir.

Mr. BATES. All the buck privates coming in, they may qualify for higher commissions later on, and second lieutenants, they will be colonels or generals some day, is that it?

Colonel HOUCK. They will all be lieutenant colonels under the 1935 act because there is no selection involved, and the law says that upon reaching these certain ages, 3 years, 10 years, 17, or 23, they shall be promoted. It is mandatory. So that the line officer automatically reaches the grade of lieutenant colonel if he does not get sick or die, or get himself court-martialed in the interim.

Mr. BATES. If we get top-heavy with colonels, that is another matter. But on the way up many of these men are taken sick, or are unable physically to carry out their responsibilities, and have to be retired, do they not?

Colonel HOUCK. Well, physical disabilities—on that basis they get 75 percent automatically.

MR. BATES. Captain, what percent of our line officers fail to reach the rank of captain, would you say, through lack of selection?

Captain NUNN. I am afraid that my answer would not be accurate enough, sir.

MR. BATES. Is it high? Is it a high percentage?

Captain NUNN. Due to the accelerated promotion during the war, and Public Law 305 of the last session of Congress, which permits them to retire in their highest rank at the highest pay, the percentage at the present time will be small.

Under peacetime, under a stabilization of our personnel in peacetime, the percentage would be less.

MR. BATES. In other words, if I recall the last selection, away back in 1940, from the rank of captain in the Navy, I think there were about 200 full commanders eligible, and 50 vacancies. That is, 150 have to fall by the wayside in that first selection. Of course they have a right to go over to the next selection, to give them two opportunities.

If 50 more vacancies occur, there would be others in the meantime coming up from lieutenant commanders. So that possibly one out of every two officers would be going out of the Navy altogether, at the time they are old enough and long enough in the service to aspire to the rank of captain.

Now, the thought I had in mind, those men, because there weren't opportunities for them, and because of their age, and because of disability probably, although the 75 percent takes care of that, are being forced out of the service because they are not selected, not because they are not good officers, but because there just are not enough vacancies for them, as the funnel grows smaller. Those men are drawing 2½ percent; is that right?

Captain NUNN. That is right.

MR. BATES. These nurses are drawing 3 percent. What is right about that?

MR. VINSON. Madam Chairman, I suggest we settle this one way or another. It is 4 o'clock.

MR. GAVIN. Mr. Bates and I discussed this matter at great length the other morning, and we left it open for further discussion here today. No conclusions were reached. We were to hear further, I believe, from Admiral Swanson and General Kirk as to further opinions on it.

I do not think we should take an arbitrary stand here. Let us hear from the Navy and see how they feel about it.

Mrs. SMITH. Admiral Swanson, did you and General Kirk get together and have suggestions to make?

Admiral SWANSON. Madam Chairman, my instructions from the Navy Department are that there should be no discrimination in retirement, that it should be 2½ percent per annum of the base pay.

Mrs. SMITH. Have you any statement, General Kirk?

General KIRK. Madam Chairman, we will be pleased to accept anything your committee decides in this matter.

Mrs. SMITH. Do I hear a motion?

MR. VINSON. As a matter of fact, technically speaking, it is not in order, because 3 percent is written in the bill. So I move we adopt this section.

Mrs. SMITH. You have heard the motion that section 208 be adopted as read.

Mr. BATES. Madam Chairman?

Mrs. SMITH. Mr. Bates.

Mr. BATES. Madam Chairman, I offer an amendment to change the "3 percent" to "2½," to conform to the Navy bill.

Mrs. SMITH. You have heard the motion to amend section 208 by changing "3 percent" to "2½" in line 23.

(Thereupon a vote was taken.)

Mr. VINSON. It is a tie, and therefore the motion does not prevail.

Mrs. SMITH. Yes, because of a tie vote this motion does not prevail. Now, the question before the committee is, Shall we adopt section 208? The motion is that section 208 be adopted as read.

All those in favor of accepting section 208, raise your hands. All opposed.

(Thereupon a vote was taken.)

Mr. VINSON. It is a tie. We should strike out that section.

Mrs. SMITH. We have a tie vote. Because of this, section 208 is not adopted. Colonel Kintz, will you continue?

Colonel KINTZ. Page 17, line 4 [reading]:

(b) Unless entitled to higher retired rank or pay under any provision of law, each commissioned officer who shall have served for four years as Chief of the Army Nurse Corps, Regular Army, or as Chief of the Women's Medical Specialist Corps, Regular Army, or as an Assistant Chief of the Women's Medical Specialist Corps, Regular Army, shall upon retirement be retired with the rank held by her while so serving, and shall receive retired pay at the rate prescribed by law, computed on the basis of the base and longevity pay which she would receive if serving on active duty with such rank, and if thereafter recalled to active service, shall be recalled in such rank and shall constitute an additional number therein: *Provided*, That the commissioned officer first appointed as Chief of the Army Nurse Corps and the commissioned officer first appointed as Chief of the Women's Medical Specialist Corps, pursuant to this Act, shall, without limitation as to the time they shall serve in such capacities, upon retirement be retired with the rank held while so serving, and shall receive retired pay at the rate prescribed by law, computed on the basis of the base and longevity pay they would receive if serving on active duty with such rank.

This section sets up the provisions for the retirement of the Chief of the Army Nurse Corps and the Chief of the Women's Medical Specialist Corps, after service in either position of 4 years, retiring them at the rank they held while so serving, and it provides that the first Chief of the Army Nurse Corps and the first Chief of the Women's Medical Specialist Corps shall be retired without limitation as to the time they shall serve in such capacities.

Mrs. SMITH. Are there any questions? Mr. Anderson?

Mr. ANDERSON. No, ma'am.

Mrs. SMITH. Mr. Durham?

Mr. DURHAM. No, Madam Chairman.

Mrs. SMITH. Mr. Vinson?

Mr. VINSON. No questions.

Mrs. SMITH. Mr. Gavin?

Mr. GAVIN. No questions.

Mrs. SMITH. Do I hear a motion?

Mr. RIVERS. I move for the adoption of subsection (b).

Mrs. SMITH. Without objection subsection (b) is adopted.

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. May I inquire whether we struck out section 208 (a)?

Mrs. SMITH. We will go back to that later, Mr. Vinson.

We will go to subsection (c).

Colonel KINTZ. Line 25, page 17 [reading]:

(c) In determining eligibility for retirement and the percentage of active-service pay to be employed in computing the amount of retired pay under any provision of law, each commissioned officer on the active list of the Regular Army who is commissioned in any of the corps established by this Act, shall be deemed to have at least the same length of continuous active commissioned service in the Regular Army as any officer junior to her rank in the Medical Department of the Regular Army.

General KIRK. On the promotion list, if there is anybody junior to anybody else that has less service, above those that are on this list, according to the way they are compiled by name on the promotion list, they will not be promoted. The junior will not jump, in other words, if she has more credit in service for promotion.

Mrs. SMITH. Are there any questions, Mr. Vinson?

Mr. VINSON. No questions.

Mrs. SMITH. Mr. Bates?

Mr. BATES. No questions.

Mrs. SMITH. Mr. Rivers?

Mr. RIVERS. No questions.

Mrs. SMITH. Mr. Anderson?

Mr. ANDERSON. No questions.

Mrs. SMITH. Mr. Vinson?

Mr. VINSON. No questions.

Mrs. SMITH. Mr. Durham?

Mr. DURHAM. No questions.

Mrs. SMITH. Mr. Gavin?

Mr. GAVIN. No questions.

Mrs. SMITH. Without objection, subsection (c) of section 208 is adopted.

Section 209.

Colonel KINTZ. Line 9, page 18 [reading]:

Sec. 209. Except as otherwise specifically provided, all laws now or hereafter applicable to male commissioned officers of the Regular Army, to former male commissioned officers of the Regular Army, and to their dependents and beneficiaries, shall in like cases be applicable respectively to commissioned officers of any of the corps established by this Act, Regular Army, to former commissioned officers of any of the corps established by this Act, Regular Army, and to their dependents and beneficiaries.

This section merely sets up the personnel of these Regular Nurse Corps and the Women's Medical Specialist Corps for retirement benefits the same as male commissioned officers of the Regular Army and their beneficiaries.

Mrs. SMITH. Are there any questions?

Mr. DURHAM. No questions. I move the adoption.

Mr. RIVERS. I second it.

Mrs. SMITH. Without objection section 209 is approved.

Section 210 is next.

Colonel KINTZ. Page 18, line 18 [reading]:

Sec. 210. Except for the purpose of determining a person's grade, rank, and right to promotion in the Regular Army (see sec. 205 (b) hereof) in computing years of active Federal military service for all purposes of any person, there shall be credited active military service in the Army Nurse Corps and in the Navy Nurse Corps, active military service rendered pursuant to an appointment under the provisions of the Act of December 22, 1942 (56 Stat. 1072), and active military service rendered pursuant to an appointment under the Act of June 23, 1944 (58 Stat. 324).

This gives credit to nurses of the Regular Army for their active service in the Regular Army and service in the Navy Nurse Corps if they were appointed under the acts of 1942 and 1944.

Mrs. SMITH. Are there any questions?

Mr. DURHAM. I move the adoption.

Mrs. SMITH. Colonel Blanchfield?

Colonel BLANCHFIELD. This merely provides that nurses who have served either as Army nurses at one time and Navy nurses at another time, that they get credit for the combined service. That is all that means.

Mrs. SMITH. Are there any questions?

Mr. DURHAM. I move the adoption.

Mrs. SMITH. Without objection, section 210 is adopted.

Section 211 is next.

Colonel KINTZ. Page 19, line 3 [reading]:

SEC. 211. The Secretary of War, under the circumstances and in accordance with regulations prescribed by the President, may terminate the commission of any officer commissioned in any of the corps established by this Act.

This merely gives the Secretary of War the permission to terminate the commission of any officer.

Mr. DURHAM. I move the adoption.

Mrs. SMITH. There being no objections, section 211 is adopted.

Section 212 is next.

Colonel KINTZ. Page 19, line 7 [reading]:

SEC. 212. Personnel appointed in the Regular Army under the provisions of this Act shall be in addition to the numbers of other commissioned officers of the Regular Army now or hereafter prescribed by law.

This section sets up the female components of what we are discussing, over and above other commissioned members of the Regular Army.

Mr. ANDERSON. I move the adoption.

Mrs. SMITH. The motion has been made and seconded to adopt section 212. Are there any objections?

(No response.)

Mrs. SMITH. There being no objections, section 212 is adopted.

Section 213 (a) is next.

Colonel KINTZ. Page 19, line 11 [reading]:

SEC. 213. (a) Effective on the date of enactment of this Act, no further appointment shall be made in the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879), as amended, and no further appointment shall be made pursuant to the Act of December 22, 1942 (56 Stat. 1073), or pursuant to the Act of June 22, 1944 (58 Stat. 324). The acceptance of any Regular Army appointment under this Act shall operate to vacate any other military or civilian status in or with the Military Establishment theretofore occupied by the appointee except an appointment pursuant to the Act of June 22, 1944.

This section states that there will be no further appointments to the Army Nurse Corps as established previously, and that any other connections in another status are abolished.

Mrs. SMITH. Are there any questions?

Mr. DURHAM. I move the adoption.

Mr. RIVERS. I second it.

Mrs. SMITH. Without objection, section 213 (a) is adopted as read. Subsection (b).

Colonel KINTZ. Line 22, page 19 [reading]:

(b) Effective six months following the date of enactment of this Act, the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879), as amended, and all offices and appointments therein shall cease to exist: Provided, That this provision shall not affect the rights, benefits, privileges, pay, allowances, gratuities, or leave accrued to a person, her dependents, or beneficiaries by virtue of any laws or regulations in effect prior to the enactment of this Act, and where necessary to the full enjoyment of terminal leave, terminal-leave pay, retirement and retired pay, pensions, travel allowance, transportation of dependents and effects, and rights, benefits, privileges and gratuities to which such person or her dependents have become entitled, such corps, offices, and appointments shall continue to exist but only for such purposes.

Mr. DURHAM. Is it going to take 6 months to put this in operation?

General KIRK. It may, before we get it finished. Things move awfully slow.

Mr. DURHAM. I think the Navy asked for 30 days; did they not?

Admiral SWANSON. They asked for 6 months.

Mrs. SMITH. Are there any questions?

Do I hear a motion?

Mr. DURHAM. I move the adoption.

Mr. RIVERS. Seconded.

Mrs. SMITH. Without objection, section (b) as read is adopted.

Section 214.

Colonel KINTZ. Line 12, page 20 [reading]:

SEC. 214. Effective the date of enactment of this Act, there shall be established in the Officers' Reserve Corps of the Army of the United States an Army Nurse Corps Section and a Women's Medical Specialist Corps Section.

Mr. VINSON. I move the adoption.

Mrs. SMITH. Without objection section 214 is adopted.

Mrs. SMITH. Section 215.

Colonel KINTZ. Page 20, line 16 [reading]:

SEC. 215. Except as otherwise specifically provided, all laws and regulations now or hereafter applicable to commissioned officers and former commissioned officers of the Officers' Reserve Corps, and to their dependents and beneficiaries, shall, in like cases, be applicable respectively to commissioned officers and former commissioned officers of the Army Nurse Corps Section and the Women's Medical Specialist Corps Section of the Officers' Reserve Corps, and to their dependents and beneficiaries.

That sets up the female components of these two corps upon the same status as Reserve officers in the other branches.

Mrs. SMITH. Are there any questions?

Mr. RIVERS. I move the adoption.

Mr. BATES. I second it.

Mrs. SMITH. Without objection section 215 is adopted.

Section 216.

Mr. VINSON. Before we go to that, under section 212 the personnel is exclusive of the regular 50,000 set up in the act of Congress?

General KIRK. Yes, sir.

Mr. VINSON. And in the Nurse Corps and Specialist Corps. Then there would be 50,000 plus probably 7,000 more officers in the Army?

General KIRK. Approximately. I mean, that is budgeted for 1948 because those people are actually working now.

Mr. VINSON. But in peacetime, whatever officer strength is fixed by the Army in peacetime will not include this group of officers?

General KIRK. That is correct.

Mr. VINSON. This is exclusive of that?

General KIRK. Yes, sir.

Mr. VINSON. That is all right.

Mrs. SMITH. Section 216.

Colonel KINTZ. Line 25, page 20 [reading]:

SEC. 216. Appointments in the Army Nurse Corps Section and the Women's Medical Specialist Corps Section of the Officers' Reserve Corps may be made in such grades and under such regulations as may be prescribed by the Secretary of War, from female citizens of the United States, who have attained the age of twenty-one years, and who possess such physical and other qualifications as may be prescribed by the Secretary of War: *Provided*, That female officers appointed pursuant to the Act of June 22, 1944, and honorably separated from the service thereafter may, if otherwise qualified be appointed in the appropriate section of the Officers' Reserve Corps established hereby in the highest grade satisfactorily held by her in active service.

This section sets up the qualifications for the Reserve sections of these two corps and establishes the fact that a female officer who served pursuant to the act of June 22, 1944, may be appointed to the grade held by her during her active service.

Mrs. SMITH. Are there any questions?

(No response.)

Mrs. SMITH. Do I hear a motion?

Mr. RIVERS. I move the adoption of the section.

Mrs. SMITH. Without objection section 216 is approved.

Section 217.

Colonel KINTZ. Line 13, page 21. [Reading:]

SEC. 217. In addition to the obligation to render active service now or hereafter provided with respect to other members of the Officers' Reserve Corps a member of those sections established in the Officers' Reserve Corps by this title may, with her consent, be called to active duty by the Secretary of War for any period or periods of time according to the needs of the Military Establishment, as determined by the Secretary of War.

This section provides for the recall to active duty for any periods of time, with their consent, members of this corps, the same as members of the male corps of other branches.

Mrs. SMITH. Do I have a motion?

Mr. DURHAM. I move the adoption.

Mrs. SMITH. Without objection Section 217 is adopted as read.

Mr. BATES. I move now that we turn back to page 8, on H. R. 1373, to reorganize the Nurse Corps of the Navy, and the Naval Reserve. That is the much-discussed retirement provision for Navy nurses.

Mrs. SMITH. That is page 8 of H. R. 1373.

Mr. BATES. That also applies on page 9. In fact, it goes through the whole of section 8.

Madam Chairman, I am glad the chairman of the committee is here this afternoon.

We have before us a situation where the question of retirement of the members of the Nurse Corps and the Army Specialist Corps is up for consideration, as to what would be the rate percent that they should be retired under.

We have two bills here. One is the Navy bill, which provides that they shall be retired at the rate of 2½ percent of their active duty pay, and, to abbreviate the matter, the Army provides for 3 percent.

The Navy Department has issued instructions to Admiral Swanson, Chief of the Navy Bureau of Medicine and Surgery, that they do not

want any change from the 2½ percent, because if there is a variation in the retirement of nurses under the provisions of this bill, it will be in conflict with the retirement provisions of all the other commissioned officers in the Navy. Therefore they do not want any change or any discrimination.

On the other hand, the Army is coming in here with this bill for precisely the same type of organization in the Army as Navy nurses, and their provision calls for 3 percent.

Surely this committee cannot pass out a bill and justify it, in my opinion, before the Congress of the United States or the people of this country, providing for 2½ percent retirement for Navy nurses and 3 percent for Army nurses, under like conditions.

Therefore, Mr. Chairman, I move that we approve all of section 8 of the Navy bill, subsection (e), and also (h), as it is.

Mrs. SMITH. Mr. Andrews.

The CHAIRMAN. What is the attitude of General Kirk of the Army?

General KIRK. I have left it to the pleasure of the committee, sir. I made my arguments as to why I thought it should be 3 percent, and I would be glad to have whatever this committee does.

The CHAIRMAN. What difference does it make if it is 2½ percent?

General KIRK. These women, sir, are forced out at the age of 50 in the grade of captain, a certain number in the grade of major and lieutenant colonel at 55 years, while in the Army the officer ordinarily goes to 60 years, and goes out at an older age, and thereby makes up the 75 percent, which these women are not able to do, because they are forced out at the age of 50. That is the reason for presenting it at 3 percent for those who are forced out at those ages.

Mr. ANDREWS. You prefer the 3 percent to the 2½ percent?

General KIRK. I think they are entitled to it.

Mr. ANDREWS. Why would it throw the Navy out of kilter? The discrepancy applies only to the Nurse Corps, does it not?

Admiral SWANSON. Other officers of the Navy.

Mr. ANDREWS. You are talking about line officers of the Navy.

Admiral SWANSON. Yes, sir.

Mr. ANDREWS. This is different. These are women in the Nurse Corps. What difference does it make to the Navy for the women in the Nurse Corps?

Admiral SWANSON. The Navy wants the same parity and retirement for all officers, male or female.

Mr. ANDREWS. It is a little different situation.

Mr. VINSON. May I call the Chairman's attention that under the present law nurses get now, under the act of 1942, 3 percent, and the Budget has cleared the War Department's bill at 3 percent, and cleared the Navy bill at 2½ percent.

Now, I moved, when the matter was before the subcommittee a moment ago, that we adhere to the 3 percent, under a certain class in the Army bill, and we left open the subject in the Navy bill.

Now, as pointed out by the General, these nurses are forced out 10 years before other Army officers or Navy officers, they are forced out, and we have already established the precedent of recognizing the distinction in the act of 1942. And I cannot see where, just because the Navy Department says that they think it should be uniform in all grades of officers, irrespective of the corps they belong to, it does not sound logical to me, I do not see any logical reason why we should make an exception when we have already made an exception.

So I suggested that we make both of them uniform by making them 3 percent, because we are following the act of 1942.

The only argument against following the act of 1942 is that the base pay has been raised. That is the only argument. That is the only justification.

If the base pay today would be the same, you would be advocating 3 percent; is that right?

Admiral SWANSON. Yes, sir.

Mr. VINSON. But they lose sight of the fact that these nurses have been cut off, they have been cut out of 10 years', and 5 years', and 7 years' service. So I am hoping that this committee and the full committee will carry out the spirit set out in the act of 1942, make a distinction, and give them 3 percent, and certainly we are limiting their service by forcing them out at 50 years under certain conditions, and 55 under other conditions, which the Navy thinks the exception is good.

Mr. BATES. May I answer the gentleman?

Mrs. SMITH. Mr. Bates.

Mr. BATES. First of all, in 1942 we established a certain rank. It was a relative rank for the nurses in the Navy Nurse Corps, not a commissioned rank, not for the purpose of putting uniforms on them, but to make them relative in rank. At the same time we established a rate of pay, not the commissioned rate of pay, of the relative rank, a much lower rank, and because it was lower we felt that when they were to be retired, after serving all these years at that much lower rate of pay, even though they had relative rank, that we ought to recognize it and give them 3 percent, and I was a member of the committee that approved it.

Now, we have a situation where we are completely revising the ranks and the pay along with it, so the commissioned officers in the Nurse Corps, both Army and Navy, will be on not a relative status alone, so far as rank is concerned, but they will be relative in pay.

As we go down through the years, after 15 or 20 years, we find that under the provisions of this bill the nurse, when she arrives at the age of 50, will have to retire. That is the maximum age limit. But we find also in the Navy—and I speak particularly because of the selection service we have had for many years—that as the Navy men, the officers in the Navy, spend their years in the service, desiring of course and having an ambition to get ahead, to go up in level to the higher ranks, they are foreclosed from going higher because, as I said, the funnel gets smaller, and we only have room for so many more commissioned officers in the higher ranks. Therefore, we find that when we get up to the rank of captain that possibly as high as 50 percent of those who are eligible to be selected for the rank of captain have to go out of the service altogether because there is no position for them in the service.

In the prime of his life, 40, 45, or 50 years of age, and probably when his family responsibilities are greater, he would be out at 2½ percent, but the nurse who served the same period of time, not because we do not need her any longer but because she has reached the age limit of 50, she goes out at 3 percent. It is hard to justify.

The CHAIRMAN. May I ask a question?

Mrs. SMITH. Mr. Andrews.

The CHAIRMAN. Are we finished with the hearings?

Mrs. SMITH. Yes, sir.

The CHAIRMAN. I move we go into executive session.

Mr. BATES. I second the motion.

Mr. RIVERS. I have a motion I would like to make.

Mrs. SMITH. Will you hold your motion?

Mr. RIVERS. I will hold it.

Mrs. SMITH. You have heard the motion of Mr. Andrews that the committee go into executive session.

Mr. BATES. He did not say for what purpose.

Mrs. SMITH. Without objection, the committee will go into executive session.

The room will be cleared of all but the committee and the Department witnesses.

(Thereupon, the room was cleared of spectators, and the witnesses of the Army and Navy remained.)

Mrs. SMITH. Mr. Vinson, did you have a question?

Mr. VINSON. Captain, this fixes the age of 35 corresponding to the Army age of 35.

Captain NUNN. This is an amendment to be applied to H. R. 1373, the Navy Department Nurse Corps bill. On page 12, line 15, add the following proviso:

Provided, That no member of the Nurse Corps Reserve, or former member of the Nurse Corps or the Nurse Corps Reserve, shall be commissioned in the Nurse Corps of the United States Navy, created and established by this Act, who has reached an age of 35 years.

Mr. VINSON. That carries out the same principle that is in the Army bill, General.

General KIRK. That did not say, of the Regular Navy Nurse Corps, did it?

Captain NUNN (reading:)

* * * no member of the Nurse Corps Reserve, or former member of the Nurse Corps.

Mr. VINSON. That is correct.

Mrs. SMITH. Simply to make the provisions of the two bills the same, Mr. Vinson.

Mr. VINSON. That is right.

Mrs. SMITH. You have heard the motion made by Mr. Vinson. Do I hear it seconded?

Mr. RIVERS. Seconded.

Mrs. SMITH. Without objection, the amendment will be adopted as read.

Mr. Rivers?

Mr. RIVERS. On page 16 of H. R. 1673, I move that the committee reconsider the motion whereby section 208 (a) was stricken.

Mrs. SMITH. Will you withhold your motion until we talk with Admiral Swanson, who has two or three clarifying amendments?

Mr. RIVERS. Yes, I will.

Mrs. SMITH. Admiral Swanson?

Admiral SWANSON. Madam Chairman, I believe the Army nurse bill and the Navy nurse bill will be completely parallel with one or two changes.

In section 2, H. R. 1373, line 11, we have the following:

* * * that there shall not be more than five nurses with the permanent rank of commander on the active list at any one time.

If that sentence were deleted, and then if the committee would adopt an amendment to section 7 (a)——

Mr. VINSON. Let us deal with one at a time, Madam Chairman.

Mrs. SMITH. Do I hear a motion.

Mr. ANDERSON. I think Admiral Swanson wants to explain why that line should be deleted by referring to a further section. I think that is perfectly in order.

Admiral SWANSON. Under H. R. 1373, section 7 (a), we have the following:

All provisions of law now existing or hereafter enacted relating to the advancement in rank of officers of the staff corps of the Navy, except those provisions relating to the same subject-matter provided for in the following subsections of this section, shall be construed to include officers of the Nurse Corps.

With that proviso:

That the total number of officers in the permanent rank of lieutenant commander shall not exceed 1.6 per centum, and officers in the permanent rank of commander shall not exceed 0.7 per centum respectively of the total number of officers permanently commissioned in the Navy Nurse Corps and serving on active duty.

If that were adopted, I think the two acts would be parallel.

It makes for a great number less, a decreased number of lieutenant commanders, a slight increase in the number of full commanders.

Mr. VINSON. It would make full commanders?

Admiral SWANSON. Yes, sir, but decidedly less lieutenant commanders.

Mr. VINSON. Again, by what phraseology of the Army bill have you picked up more commanders?

Admiral SWANSON. Yes, sir.

Mr. VINSON. Just like you picked up 2 points on the other.

Admiral SWANSON. Yes, but we lost; under the original bill about 27 percent of our nurses would have been lieutenant commanders. Under this proposed change, but 1.6 percent will be lieutenant commanders.

Mr. VINSON. But at the same time, Admiral, you gained one commander.

Admiral SWANSON. Yes, sir; but we lost approximately 1,000 lieutenant commanders.

Mrs. SMITH. Captain DeWitt.

Mr. RIVERS. I move the adoption.

Mr. DURHAM. I second it.

Mrs. SMITH. It has been moved and seconded that line 11——

Provided, That there shall not be more than five nurses with the permanent rank of commander on the active list at any one time——

be deleted. Are there any objections?

(No response.)

Mrs. SMITH. Without objection, the amendment is adopted as read.

Another motion, on section 7—do I hear a motion?

Mr. VINSON. How many do you lose by that amendment, Admiral?

Admiral SWANSON. Madam Chairman, if we were up to our full authorized strength, under this bill we would have 3,983 nurses. With the amendment suggested we would have 28 commanders and 65 lieutenant commanders. However, under our bill we would have 1,088 lieutenant commanders. So we are decreasing our lieutenant commanders by 1,022.

So we are the losers in this. The Navy is the loser.

Mr. RIVERS. That is the way you want it, is it not?

Admiral SWANSON. We want both bills to be parallel. We do not want any preference.

Mrs. SMITH. Is there a motion before the committee on the second suggestion made by Admiral Swanson?

It has been moved that section 7, subsection (a), be amended as read. The notion is seconded. Are there any objections?

Mr. BATES. Captain, that reads all right, in your opinion?

Captain NUNN. Yes, sir.

Mrs. SMITH. Without objection, the section 7 is amended as read, and adopted by the committee.

Now we will entertain Mr. Bates' motion.

Colonel HOUCK. Madam Chairman, there is one clarifying amendment I would like to bring up if I may.

The CHAIRMAN. On that section?

Colonel HOUCK. No; section 201 (b) of the Army bill.

Mrs. SMITH. Let us get these clarifying amendments through.

Colonel HOUCK. Section 201 (b) of H. R. 1673; the committee adopted an amendment offered this morning by General Kirk, and the amendment as adopted by the committee this morning reads:

(b) From the officers permanently commissioned in such Army Nurse Corps, in permanent grade of major or above and upon the recommendation of the Surgeon General of the Army, the Secretary of War shall appoint the Chief of the Army Nurse Corps, who shall serve as such Chief during his pleasure for a term not to exceed four years and shall not be reappointed, and who, without vacation of her permanent grade, shall have the temporary rank, pay, and allowances of a colonel while so serving.

The War Department instructs me to request the committee to further amend the amendment by striking out the words "and upon the recommendation of the Surgeon General of the Army." The War Department feels that it would be better not to limit the authority of the Secretary of War in making that appointment in that manner.

Mrs. SMITH. Does that make it mandatory that the Surgeon General must approve?

Colonel HOUCK. As written now; yes.

Mrs. SMITH. As I read it the Surgeon General only recommends. This does not make it mandatory but the Secretary must follow his recommendation, over it?

Colonel HOUCK. Yes.

Mr. VINSON. Madam Chairman?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. Of course I can see the viewpoint of the War Department. The War Department wants to appoint anybody they want to appoint. But, at the same time, the Surgeon General should certainly make a recommendation, and that is not mandatory. That does not require the Secretary to follow the recommendation of the Surgeon General. It merely says that the Surgeon General makes a recommendation.

Mr. GAVIN. And the Surgeon General is qualified to make such a recommendation.

Mr. VINSON. Of course he is qualified. And he is the one that a wise Secretary will listen to.

Mrs. SMITH. Do I hear a motion?

Mr. ANDERSON. Madam Chairman, is there a parallel provision in the Navy bill?

Admiral SWANSON. There is a parallel provision, sir. There is one thing, however. You struck out the term of appointment for the Director of the Navy Nurse Corps to 4 years, whereas in the Army bill you put that proviso in, that she shall be appointed for 4 years.

Mrs. SMITH. We are trying to make them uniform.

Admiral SWANSON. We should either get the term back to 4 years—

Mr. VINSON. It should be held at the pleasure of the Secretary of War, and not for any period of time. They should be appointed for 4 years, during the pleasure of the Secretary of War. That is the way it should be.

Admiral SWANSON. Yes, sir.

Mr. VINSON. And the Surgeon General and the Surgeon General of the Navy certainly should make the recommendations.

Admiral SWANSON. That is right, sir. But we want the 4-year term put in again at the pleasure of the Secretary.

Mr. VINSON. That is right; the term of 4 years put in at the pleasure of the Secretary of War and the Secretary of the Navy.

Mrs. SMITH. Where does that go, Admiral Swanson?

Admiral SWANSON. Section 3, page 2.

Mrs. SMITH. Will you make that as a motion, Mr. Vinson?

Mr. VINSON. I move that—

Mr. ANDREWS. I move that we go into executive session.

Mr. ANDERSON. We are in executive session.

Mr. ANDREWS. No, we are not. I ask that the witnesses leave the room. We are talking about their jobs.

Mrs. SMITH. Mr. Chairman, you were not here when we were discussing making these bills uniform. These are a few clarifying amendments that have simply come about through our discussion. If we can only clean those up we can then go into executive session on further issues. Will that be satisfactory?

Mr. ANDREWS. This is more important than that one to be in executive session.

Mr. VINSON. I move, Madam Chairman, that the term of the Director, the colonel or captain, be for a period of 4 years at the pleasure of the Secretary of War, and the Secretary of the Navy. And that corresponds for each one.

Mrs. SMITH. It has been moved and seconded the H. R. 1373 be amended to read, "at the pleasure of the Secretary, for a term of four years, and to serve at the pleasure of the Secretary of the Navy."

Without objection, it is so ordered.

Mr. VINSON. Now I move we go into executive session.

Mr. BATES. Is that the only clarifying amendment?

Admiral SWANSON. It is my opinion that the bills now parallel one another in every respect, excepting the 2½ percent and the 3 percent.

Mr. BATES. Thank you. I think you did a very excellent job. General Kirk, I think we did a very excellent job, and I know the chairman wants to say a word to you before we retire on that point.

Mrs. SMITH. General Kirk and Admiral Swanson, I want to say that the aim of this committee has been to bring about uniformity between the services. You have been most cooperative and helpful. As chairman I appreciate it and I know I speak for the committee in

expressing appreciation. Uniform laws will eliminate competition in one of our most important branches of the service. With the need for qualified nurses this will be helpful.

As I understand it, the nurses were in a class by themselves, during the war. These bills take them out of the temporary war status and make them a permanent organization. This will give them status and recognition in keeping with their profession. That is correct, is it not?

Admiral SWANSON. Yes.

I wish to commend the Surgeon Generals of the Army and the Navy.

Mr. RIVERS. The Army has the best Surgeon General we ever had. (Thereupon, at 4:40 p. m., the subcommittee went into executive session.)

EXECUTIVE SESSION

Mrs. SMITH. Did you want to repeat your statement?

Mr. BATES. I move, Mr. Chairman, in view of the fact that the Navy bill is not completely accepted, due to the disputed section, that we approve the Navy bill in every subsection where it says "2½ percent" for the purposes of retirement. There is no need to go any further than that, because the issue is 2½ or 3 percent. I move that we approve the Navy bill at 2½ percent, on page 8, section (e).

Mr. VINSON. Madam Chairman?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. Does it follow that they must be parallel on this one question?

Mr. BATES. Yes; absolutely. They are parallel on everything else. That is the only thing we differ on.

Mr. RIVERS. As a substitute motion, I move it be 3 percent.

Mr. SMART. To keep the record straight, Madam Chairman, all subsections of section 8 have been approved except subsection (e). That is the only one where the 2½ percent is involved.

Mr. BATES. Then I will restrict my motion entirely to paragraph 8 (e).

The CHAIRMAN. Before we vote on this question, my impression is that such discrepancy as exists, assuming you want to make this 3 percent, we are going into the retirement system of the Army and Navy on other bills before we get through. The whole thing is going to come up again, both the retirement systems of the Army and the Navy, on other bills. So that while there may be a slight discrepancy here, it does not seem to me that it is something that should stop us.

Mr. BATES. The only thing I can say about this is that what we have been trying to do over the last several days is to strike uniformity in every phase of the bills, and we have it, excepting this one. And certainly I cannot approve of discrimination between Army nurses and Navy nurses, and I am certainly not going to.

Mrs. SMITH. Mr. Vinson?

Mr. VINSON. May I ask the chairman this question, and it is not much involved: As you say, the retirement bill is coming up here, and we all know what the law was in 1942. The only question is whether we want to get back to that law or whether we want to get a new law, and before we have the few questions on retirement. It looks to me as if we could easily give these nurses 3 percent, because that is what they have been retiring under, and then, when the whole question of retirement comes up, we could go into it again. But let us vote and

settle it once, one way or the other. If we want to make it 2½ percent or 3 percent, let us vote on it.

The CHAIRMAN. Somebody has to settle it. It looks like it is us.

Mr. DURHAM. The Navy accepted this in 1942, and they have been operating with that during this period of time. Of course, as Mr. Vinson says, it is a small amount involved.

The retirement bill, which we passed last year in the House and which was not passed by the Senate, has got to come before this committee which is going to work on this over-all situation.

Now, another thing, the question was before us that we were trying to build a voluntary army and we had to offer some inducements, and we are going to have to offer it in the retirement bill if we are going to secure voluntary nurses and voluntary enlisted personnel and have a voluntary army or have something else. That was the big argument for it.

I am in favor of operating as we are at the present time unless the full committee changes the Retirement Act.

Mrs. SMITH. Mr. Anderson.

Mr. ANDERSON. My point is this: I agree with Mr. Bates. I do not like to see discrimination between certain nurses and other nurses; that is, 2½ percent for one and 3 percent for the other, not only in the interests of uniformity, but because I think it will be questioned if we set a precedent on it today, and it is apt to plague us in the future. I have seldom disagreed with my colleague from Georgia, but I do this afternoon.

Mr. VINSON. That is all right.

Mrs. SMITH. Mr. Rivers?

Mr. RIVERS. I move it be 3 percent.

Mrs. SMITH. You have heard the motion.

The CHAIRMAN. Which motion are we on? What is the motion?

Mrs. SMITH. The motion is that the 2½ percent in section 8 (e) of 1373 be made 3 percent.

Mr. BATES. And for the Navy bill.

Mr. VINSON. And that will apply to the Army bill?

Mrs. SMITH. No.

Mr. BATES. This is something the Navy does not want.

The CHAIRMAN. This would apply to both of them?

Mr. VINSON. That is right.

Mr. BATES. No. My motion applies only to the Navy bill.

Mr. RIVERS. Let us vote on it.

Mr. BATES. When we dispose of this, I will make one for the Army.

Mr. RIVERS. That is right.

Mrs. SMITH. Mr. Vinson?

Mr. VINSON. May I suggest, of course the Navy does not want 3 percent because we will be enforcing something on the Navy that the Navy does not want. But the Army and the Budget says the Army should have 3 percent. I think we ought to determine whether it is going to be uniform in the two services, whether it is going to be 2½ percent or 3 percent and vote on it.

Mr. RIVERS. Let us vote.

Mrs. SMITH. We have the motion before the committee to amend line 3 by changing "2½ percent" to "3 percent."

All those in favor of this amendment as read, "3 percent," raise your hands.

(Thereupon, a vote was taken.)

Mrs. SMITH. The vote is five to three in favor of the 3 percent.
The CHAIRMAN. The amendment is adopted.

Mrs. SMITH. The amendment is adopted.

Mr. RIVERS. I move that the committee reconsider the motion whereby section 208 of H. R. 1673 was stricken out.

Mrs. SMITH. You heard the motion that we reconsider H. R. 1673, section 208 (a). Is there any objection?

(No response.)

Mrs. SMITH. Without objection, we will reconsider section 208.

Mr. VINSON. I move the adoption of section 208.

Mr. GAVIN. I second the motion.

Mrs. SMITH. It has been moved and seconded that section 208 of H. R. 1673 be adopted as read.

Mr. Bates?

Mr. BATES. I offer an amendment to cut the 3 percent down to 2½.

Mrs. SMITH. You have heard the motion. The motion is to amend line 23, and change "3 percent" to "2½ percent." All those in favor of this amendment, raise their hands.

(Thereupon, a vote was taken.)

Mrs. SMITH. The motion is lost, five to three.

Mr. RIVERS. I move the adoption of the section as amended.

Mrs. SMITH. It has been moved and seconded that we adopt section 208 as read in H. R. 1673. Are there any objections?

All those in favor of adopting section 208 as read, raise their hands.
(Thereupon, a vote was taken.)

Mrs. SMITH. The vote is six to two. The motion is carried.

Mr. DURHAM. As I understand it, Mr. Bates has the privilege of bringing it before the full committee?

Mrs. SMITH. Yes.

Mr. BATES. And I will bring it before the full committee and before the floor of the House.

Mr. RIVERS. Madam Chairman, I move that the attorney be instructed to write a bill with the aid of the Judge Advocate Generals of the Army and the Navy bringing in a new bill to present to the full committee with the sections as they were considered by this committee, to be introduced by the chairman.

Mrs. SMITH. Mr. Vinson?

Mr. VINSON. Title I and title II. Title I will relate to the Army or Navy and vice versa. Is that it?

Mr. SMART. I understand that there has previously been a motion sustained to strike title I of 1673.

Mr. VINSON. That is right.

Mr. SMART. And only title II has been under consideration?

Mr. VINSON. Just the nurses.

Now, then, Madam Chairman, a new bill will be introduced by the chairman of the full committee as we have amended H. R. 1673 and H. R. 1373, in two titles, title I and title II. Is that it?

Mrs. SMITH. That is right.

Mr. Durham?

Mr. DURHAM. To clarify the motion, it looks to me like it would be better to make a motion to bring in a clean bill including the title——

The CHAIRMAN. Off the record.

(Discussion off the record.)

The CHAIRMAN. I move that Mrs. Smith, chairman of the subcommittee, report a new bill, a clean bill, title I and title II, incorporating all of the amendments agreed upon.

Mr. RIVERS. I second that motion.

The CHAIRMAN. After checking with the two departments, and checking with the members, a full bill, a clean bill will be introduced in your name and submitted to the subcommittee for its final approval.

Mr. Bates?

Mr. BATES. This is the first time that we are varying, are we not, from the bills presented to us by both departments, or by each department. I wonder why we should at this time embark upon a new program of developing legislation affecting both problems when the question of unification is not before us.

Mrs. SMITH. As the chairman of the subcommittee said the other day, this is not unification. The purpose of the Reorganization Act was to expedite legislation. We have two similar bills, one brought in from the Navy Department and one from the Army.

If we are to act as one committee, should it not be with the idea of expediting our work on the floor?

Now, we are not legislating for the Army. We are not legislating for the Navy. We are legislating for the boys of all services, and is there any objection to bringing in a bill, with two bills so similar, title I and title II?

It is the same thing that we worked on under one measure, and under one debate. We will be speaking to one subject.

Mr. VINSON. Madam Chairman?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. May I make this observation from a parliamentary standpoint from the House. I am perfectly willing to go along with that. But from the standpoint of the House of getting legislation through, it looks to me like there would not be as much confusion if you carried in two separate bills and then when you passed one, you could say you are establishing practically the same thing for the Navy as we established for the Army. There is not much difference in them. They are parallel bills and you can pass them both.

If you bring one bill in there with about 20 pages, you are going to have more debates than you are looking for, because they will look through those bills and you will have trouble.

Either way is fine with me. We have done a fine piece of work and I compliment you on the magnificent way you handled the bill and as for you and Mr. Bates and Mr. Rivers and Mr. Durham, you can pass anything you put out.

Mr. DURHAM. I think Madam Chairman is correct with the statement of trying to combine these bills. I think it would probably expedite the procedure.

The CHAIRMAN. I think we could submit a clean bill. I do not know if they will report on it favorably.

Mr. GAVIN. What do they understand we are going to bring in? One bill or two separate bills?

Mr. SMART. One bill.

Mr. GAVIN. Both the Army and Navy are of the opinion we are going to bring in one bill.

Mrs. SMITH. And that is in accordance with the Reorganization Act.

Mr. RIVERS. I move we adjourn.

Mrs. SMITH. Any further questions?

Mr. BATES. I do not quite understand where we are tied to any provisions of the Reorganization Act in acting separately on legislation affecting both services. I have the point of view that Mr. Vinson had, that we would have more expeditious handling on the floor of the House with all the ramifications involved in the two bills. As far as I am concerned, I would rather see the two individual bills.

Mr. ANDERSON. Out of deference to the chairman, who has done such a grand job on this bill, and seeing that the committees have been merged, I move we vote on the motion made by Mr. Rivers.

Mrs. SMITH. Shall we proceed to vote?

It has been moved by Mr. Andrews that we report out a clean bill——

The CHAIRMAN. I said introduce a clean bill, and when it comes back, after the final meeting of your subcommittee, decide if you want to report it to the full committee.

Mrs. SMITH. You heard the motion. All those in favor raise their hands.

(Thereupon, a vote was taken.)

Mrs. SMITH. Without objection, the motion stands as made, that a clean bill carrying titles I and II be drawn from H. R. 1373 and H. R. 1673 and introduced by the chairman of this subcommittee. The chairman hopes to present this new bill to this subcommittee next Monday, February 17, and report it to this full committee. Title I of H. R. 1673 will be introduced as a separate bill.

The committee stands adjourned.

(Thereupon, at 4:55 p. m., the committee adjourned.)

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE No. 9, HOSPITALIZATION,
HEALTH (MEDICAL CORPS),
COMMITTEE ON ARMED SERVICES,
Monday, February 17, 1947.

The subcommittee met at 10 a. m., Hon. Margaret Chase Smith, chairman, presiding.

Mrs. SMITH. The committee will come to order.

We have before us H. R. 1943, which is the result of committee action on H. R. 1373 and H. R. 1673.

Mr. Smart, I believe there are a few corrections to be made, a few typographical errors in title I and title II.

Will you tell us about those—or would the committee prefer to have the bill read section by section?

Mr. VINSON. Madam Chairman——

■ Mrs. SMITH. Mr. Vinson.

Mr. VINSON. I move we dispense with reading of the bill, in view of the fact that H. R. 1373 and H. R. 1673 were both read and amended by the section and this bill H. R. 1943 is but bringing those two bills together under one bill.

Mr. RIVERS. I second that motion.

Mrs. SMITH. Without objection, we will not read the bill section by section, but hear Mr. Smart on the reported changes.

Mr. SMART. I refer to page 3 of H. R. 1943, line 3. The figures "203, 204, and 205" should be changed to read "103, 104, and 105."

Mrs. SMITH. Without objection, these changes will be made.

Mr. RIVERS. These are strictly typographical errors, then?

Mr. SMART. That is right.

Also on page 3, line 5, the words "twenty-six" should be changed to read "twenty-eight."

Mrs. SMITH. Does that make it the same as the Navy provision, on page 19?

Mr. SMART. It will, Madam Chairman.

On page 19, there is another change, which will bring them both in absolute conformity.

Mrs. SMITH. The Chair would like to ask: Did we mean not over 28, or did we mean not over 27?

Captain Nunn, what is the position of the Navy?

Captain NUNN. I think we meant, Madam Chairman, not over 28.

The language of the Navy provision at the moment means not over 27. I believe that Mr. Smart means to suggest that that be changed, too.

Mrs. SMITH. What is the position of the Army on that, Colonel Kintz?

Colonel KINTZ. Not over 28, was our understanding of it.

Mr. ANDERSON. I think that was the understanding of the committee, Madam Chairman.

Mrs. SMITH. Without objection, the change will be made as read.

Mr. SMART. On page 17, line 19——

Mr. RIVERS. Are you skipping the corrections on pages 12 and 13?

Mr. SMART. There are no corrections there.

Mr. RIVERS. I see some here.

Mr. SMART. On page 12?

Mr. RIVERS. There are some on mine.

Mr. SMART. Well, just skip that. That is a work copy, I believe. Those work copies are all scribbled on a little bit.

We are correcting only the ones I call to your attention.

Mr. RIVERS. I see.

Mrs. SMITH. What about page 4, line 22, Mr. Smart?

Mr. SMART. That would be the same change as the one on page 3, line 3. On page 4, line 22, you have the same changes: "103, 104, and 105."

Mrs. SMITH. Without objection, line 22 on page 4 will be corrected.

Mr. SMART. And referring to page 17, line 19, after the word "Corps," insert the words "of the permanent grade of lieutenant commander or above."

Mr. ANDERSON. Madam Chairman——

Mrs. SMITH. Mr. Anderson.

Mr. ANDERSON. Should that be "of the permanent grade," or "in the permanent grade"? Admiral?

Admiral SWANSON. I would say "in the rank of lieutenant commander or above."

Mr. ANDERSON. There it reads "of the permanent grade of lieutenant commander or above." I am just questioning the use of the word "of."

Admiral SWANSON. It should be "of the permanent commissioned rank," rather than——

Mr. RIVERS. Let us hear from the Judge Advocate on that.

Captain NUNN. I think, sir, you could say either one. To say "of the permanent grade of lieutenant commander or above" would be all right, or—well, that would be better. We speak of serving in the grade, but here we are not talking of them serving in the grade.

Mr. ANDERSON. Then the way it is written in the bill is correct?

Captain NUNN. Yes. I think, however, we should say, also "of the permanent grade or rank."

Mr. RIVERS. Or rank.

Captain NUNN. Or rank.

Mr. RIVERS. Of lieutenant commander.

Captain NUNN. Of lieutenant commander.

When I talked to Mr. Smart on the telephone, it didn't occur to me that we have a peculiar system in the Navy under which it is the line officers who serve in grades and the staff corps officers have rank equivalent, so we better say "grade or rank."

Mrs. SMITH. Will you tell us just how it should be?

Captain NUNN. After the word "Corps," in line 19, the amendment should be to add the words "of the permanent grade or rank of lieutenant commander or above."

Mrs. SMITH. You will make that correction, Mr. Smart?

Mr. SMART. Yes, Madam Chairman.

Mrs. SMITH. Without objection, the correction will be made as read.

Mr. SMART. On page 19, line 16, the words "twenty-eight" should be changed to "twenty-nine."

That will bring both the Army and the Navy within the same age brackets of 21 to 28, inclusive.

Mrs. SMITH. Without objection, the correction is made as read.

Mr. SMART. On page 23, after the word "Director," in line 2, change the period to a colon, and add the following paragraph—I might say that this brings the Navy Nurse Corps bill in complete alignment with the Army Nurse Corps bill in that the first director appointed may be retired regardless of the length of time she serves. The Army bill has that proviso in it, and I understand that they are very anxious to maintain and keep that.

Mr. RIVERS. At the pleasure of the Secretary.

Mr. SMART. That is right. Only in the case of the first director, that is, the first chief, in the case of the Army nurses, or the director, in the Navy nurses, in which event she may be retired at the discretion of the Secretary.

Mrs. SMITH. How will that affect the first line on page 23, that she shall "have served two and one-half years or more as director"?

Mr. SMART. In that connection, I checked that with the Navy and I am advised there is little difference there between the Army proviso and that of the Navy; but in this case there is that same proviso as to the bureau chiefs in the Navy, so it seems, after discussing it with Captain Nunn, that it is better to keep the director of the Nurse Corps on the same basis as the other heads of bureaus within the Navy than to change it and make a completely different set-up for them.

That is Captain Nunn's opinion about the matter.

Would you care to expand on that a little bit, Captain?

Captain NUNN. Madam Chairman, we have a provision in existing law for chiefs of bureaus, and that is that if they serve in their position

as chief of a bureau, such as the Chief of Naval Operations, or the Judge Advocate General, or the Commandant of the Marine Corps, for a period of 2½ years, they enjoy at that time the rank of rear admiral, or admiral if they serve as Chief of Naval Operations, or whatever the rank of that position is, those being the top positions in the Navy, and they enjoy the highest pay of their grade. That is to say, if the officer is a rear admiral, he gets the pay of a rear admiral of the upper half while serving in that office.

Frequently he leaves that office and goes back to his permanent rank, serving, perhaps, at sea again in the grade of captain or rear admiral of the lower half.

However, if he has served for 2½ years as the chief of a bureau, when he eventually retires, for whatever reason, he will be retired in his highest rank held while chief of the bureau, with his retired pay based upon the pay he received as chief of the bureau.

That is a privilege and an incentive to those officers.

It is our proposal to include a similar provision for the chief of the Navy Nurse Corps. After all, she is the only woman, there can be only one, who can attain that position. When she leaves her position as chief nurse, she may go back, say, to lieutenant commander or commander, and continue for a few years in the Nurse Corps. Eventually, however, she will retire, at which time we would like for her to have the privilege of retiring in the grade of captain, which she held as chief nurse and with her retired pay based upon the pay of captain which she received while acting as chief nurse. It is an incentive for her and the only goal for which these nurses can strive. That is their highest position.

Mrs. SMITH. Colonel Kintz —

Mr. DURHAM. Madam Chairman.

Mrs. SMITH. Mr. Durham.

Mr. DURHAM. It is just retiring them at the highest rank they held during their period of service.

Captain NUNN. Yes.

Mr. DURHAM. That is all it is.

Captain NUNN. Yes.

Mr. DURHAM. Does the same thing apply to the Army at the present time?

Colonel KINTZ. On page 12, line 12, it says:

* * * serves for four years as chief of the Army Nurse Corps, Regular Army, or as chief of the Women's Medical Specialist Corps * * *

In the Army bill, to get retirement benefits for the chief of the Nurse Corps or the chief of the Women's Medical Specialist Corps, according to that wording she has to serve 4 years and according to the Navy bill she may get her retirement benefits if she has served 2½ years.

Mr. DURHAM. That is one of the difficulties we have always had with this retirement law. I hope we can steer this one clear and try to put this retirement on an equal basis, as far as we can.

Mr. VINSON. Well, it is merely permissive in the Navy, of retiring after serving 2½ years. If after serving 2½ years she is retired, then she gets her retired pay of the rank of captain, but of course it doesn't follow that she is only going to serve the 2½ years.

Colonel KINTZ. That is correct.

Mr. DURHAM. She still has the privilege.

Mr. VINSON. She has the privilege, yes.

Then, I imagine, in the administration, they would try to have as much uniformity as possible. When a director is appointed, and with the rank of captain, if she is satisfactory they will try to carry her over for 2½ years, instead of 4 years.

It is the same principle with any bureau chief. If he reverts back to the lower rank when he does retire, a permanent retirement, from the Navy, he carries the pay and rank of the highest grade which he held during the time he was bureau chief.

Mrs. SMITH. Mr. Cole, do you have a question?

Mr. COLE. Madam Chairman, I am curious to know what the provision of the bill creating the Chaplain's Corps says on the question of rank.

Captain NUNN. Mr. Cole, the bill which we have submitted to Congress to provide for a permanent Chief of Chaplains in the Navy provides that while serving as Chief of Chaplains he shall have the rank of rear admiral, with the pay of the upper half of that grade, sir. It makes no similar provision for his retirement.

Mr. COLE. Isn't this the first time that by legislation the Navy has given permanent rank to an officer because of the position that that officer has held, outside of the bureau chiefs?

Captain NUNN. Yes, sir, this is the first extension of that below the status of a bureau chief.

Mr. COLE. So that if we do it in the case of the Nurse Corps, we must expect to do it in the case of the Chaplains Corps, the Dental Corps, the Medical Corps, the Engineer Corps, and any other corps in the service?

Captain NUNN. Of course, the Engineer Corps gets it through their bureau chief, sir.

The Dental Corps doesn't have it.

The Medical Corps gets it because they have a chief of the Bureau of Medicine and Surgery.

Mr. COLE. But in the Bureau of Medicine and Surgery isn't there a director of the Medical Corps?

Captain NUNN. Well——

Mr. COLE. Under the bureau chief?

Captain NUNN. I don't think so, sir.

There is a head dental officer, to whom the 2½-year provision does not apply. We didn't make it applicable to the Chief of Chaplains, sir, in the bill we have up here.

Mr. COLE. May I inquire of Admiral Swanson if, in the Bureau of Medicine and Surgery, there is not a Medical Corps.

Admiral SWANSON. There is a Medical Corps, under the Chief of the Bureau of Medicine and Surgery.

Mr. COLE. But you are not Chief of the Medical Corps?

Admiral SWANSON. As such I am. I am Chief of the Bureau of Medicine and Surgery.

Mr. COLE. Then there is a director of the Medical Corps?

Admiral SWANSON. No. There is the Office of Surgeon General, and the Chief of the Bureau of Medicine and Surgery.

Mr. COLE. And that office is also head of the Medical Corps?

Admiral SWANSON. That office is head of the Medical Corps.

Mr. COLE. And not head of the Dental Corps?

Admiral SWANSON. Yes. The Dental Corps occupies a division in the Bureau of Medicine and Surgery and the admiral in the Dental Corps is Deputy Surgeon General in charge of dentistry.

Mr. COLE. He does not have this retirement right?

Admiral SWANSON. I do not believe so.

Mr. VINSON. As I understand it, it is bringing up the director to the status of a bureau chief, as far as retirement is concerned?

Captain NUNN. Yes, sir.

Mr. VINSON. Well, now, does that provision carry with it the same degree of responsibility as that of a bureau chief? If it does, it is all right. If it does not, then you are elevating the retirement out of line because, as was pointed out by Mr. Cole, the Chief of Chaplains will come along and say "You have extended this provision to the director. Why don't you extend it to me?"

The whole theory of it was to just let it be confined to the bureau chiefs who had served 2½ years.

Most all of the bureau chiefs, under another provision of law, after they have served a year, are eligible to be made vice admirals, and retire with the rank of vice admiral.

I am inclined to think, Madam Chairman, in view of the fact that retirement in the Army is based on the 4 years, unless we want to write a new policy, we ought not to try and carry the director to the elevation and height of retirement that we do with the bureau chiefs.

Mrs. SMITH. Admiral Swanson, may I ask if the director, Captain DeWitt, for instance, must serve 2½ years before she is retired as captain?

Admiral Swanson. That is correct, Madam Chairman.

Mrs. SMITH. Under this phraseology?

Admiral Swanson. That is right.

Mrs. SMITH. Under the Army provision, the director serves at the pleasure of the Secretary and can be retired at any time?

Colonel KINTZ. Not to exceed 4 years, is the way it is worded. The director will serve at the pleasure of the Secretary of War for a term not to exceed 4 years.

Mrs. SMITH. But if she serves less than 4 years, is she still retired at the regular pay?

Colonel KINTZ. According to the wording as it is in line 12, she would have to serve 4 years to get her retirement benefits, except for the first chief.

Mr. RIVERS. May I ask—

Mr. VINSON. Notwithstanding the pleasure of the Secretary? She has to serve 4 years—after the first—before she will be eligible to retirement to the rank of captain? Is that correct?

Colonel KINTZ. As I understand the wording of it; yes, sir.

Mr. VINSON. And then, in the Navy, it is a minimum of 2½ years.

Mr. RIVERS. Before we vote on that, Madam Chairman—are you through, Mr. Vinson?

Mr. VINSON. Go ahead.

Mr. RIVERS. I want to ask, along the line of Mr. Vinson's question as to the 4 years which you have put in your bill applying to the chief nurse subsequent to the first chief, is that the same as all bureau chiefs of the Army?

Colonel KINTZ. It is.

Mr. RIVERS. Therefore, the 4 years in your bill is in keeping with the policy of the Army for bureau chiefs; that is, after the first chief, and the 2½ years for the Navy is in keeping with the policy of the Navy for their bureau chiefs?

Colonel KINTZ. Yes, sir.

Mr. RIVERS. Then, I fail to see the inconsistency.

Colonel KINTZ. Madam Chairman, may I add a remark there?

Mrs. SMITH. Colonel Kintz.

Colonel KINTZ. I have been informed, however, in certain new legislation which is coming up, the wording for chiefs will be "at the pleasure of the Secretary of War," and the 4 years may not be specified.

I have not seen that. I have just been informed of that.

Mr. RIVERS. We shouldn't stop you there, but legislation, from designating—

Colonel KINTZ. This was put in this bill, because that is the way it is now.

Mr. RIVERS. There, in subsequent legislation which you propose to Congress, you would take care of the nurses, as an amendment to existing law.

Colonel KINTZ. Army-wide, to take care of all chiefs.

Mr. RIVERS. And yours would be at the pleasure of the Secretary for the Bureau Chiefs?

Colonel KINTZ. That is right.

Mr. RIVERS. Irrespective of the tenure of office?

Colonel KINTZ. That is correct.

Mr. RIVERS. Therefore, Madam Chairman, I don't see where this is so inconsistent.

Do you, Mr. Vinson?

Mr. VINSON. No.

Mr. RIVERS. I just don't see the inconsistency.

Mrs. SMITH. We are trying to make the Army and Navy Nurse Corps as similar as possible.

Does the committee wish to leave this 2½ years, or do I hear a motion that it be changed?

Mr. DURHAM. It can be taken care of in the general retirement bill which comes before the Congress.

Mr. RIVERS. For the present, this makes it consistent with existing policies and status, as far as it can be.

Mr. VINSON. It is equivalent to the chief of a bureau.

I move the amendment be adopted.

Mrs. SMITH. What is the amendment, Mr. Vinson?

Mr. ANDERSON. Mr. Smart has it; he hasn't read the amendment, Madam Chairman.

Mr. SMART. I am ready to read it.

Mrs. SMITH. All right.

Mr. SMART. Following the word "Director," in line 2, on page 23, insert a colon and add the following proviso:

Provided, That the commissioned officer first appointed as Director of the Navy Nurse Corps, pursuant to this Act, shall, without limitation as to the time she shall serve in such capacity, upon retirement, be retired with the rank filled while so serving, and shall receive retired pay at the rate prescribed by law, computed on the basis of the base and longevity pay she would have received if serving on active duty with such rank.

Mrs. SMITH. You heard Mr. Vinson's motion, that the amendment be accepted as read.

Without objection, the amendment is adopted.

Mr. VINSON. Now, Madam Chairman—

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. I think, on line 17——

Mr. SMART. I have another amendment.

Mrs. SMITH. Mr. Vinson, shall we go through with Mr. Smart's recommendations, and then go back and take up the Army and Navy bills? Let us finish first with his recommendations.

Mr. RIVERS. That is about all, isn't it?

Mr. VINSON. He just passed it——

Mr. SMART. I have one to offer, on page 22.

Mr. VINSON. Very well.

Mr. SMART. Page 22, line 19, substitute the word "existed" for the word "exceeded".

Mrs. SMITH. Without objection, the amendment is adopted.

Mr. DURHAM. Substitute what?

Mrs. SMITH. Change the word "exceeded", the third word in line 19. That was a typographical error. It should be "existed"—"which existed prior to the enactment of this Act"—instead of "exceeded".

Mr. SMART. Yes.

Mrs. SMITH. On line 18, do you have a change, Mr. Smart?

Mr. SMART. On page 22, line 18, substitute the word "members" for "member". It should be in the plural.

Mrs. SMITH. Without objection, the correction is adopted.

Mr. VINSON. In line 17, strike out the "203" and put "103".

Mr. SMART. Right.

Mrs. SMITH. Without objection, the correction of "203" to "103" is adopted——

Captain NUNN. No, sir; that "203" is correct there.

Mr. VINSON. No. You have to renumber them all.

Captain NUNN. That should be "203", sir. We are now referring to the Navy section.

Mr. SMART. We have gone over to title II, and that should be left as is.

Mr. RIVERS. Mr. Smart, have you read this bill carefully, along with the representatives from the two Judge Advocates——

Mr. SMART. I have had no opportunity to read it with Captain Nunn. I called Captain Nunn. I didn't have it available myself until about 4:30 last Friday, and since the Departments didn't operate on Saturday, we had difficulty getting together before this morning.

Mrs. SMITH. The motion to change the "203" in line 17 of page 22 is withdrawn, and it is left "203", instead of "103".

Mr. VINSON. All right.

Mrs. SMITH. All right, Mr. Smart.

Mr. RIVERS. Madam Chairman——

Mrs. SMITH. Mr. Rivers.

Mr. RIVERS. If we could have it read with the Navy, I believe it would be helpful. There may be so many statutes that it would take a thousand years to look them over.

Mr. SMART. Yes.

Mr. RIVERS. It would take too long to look through them.

Mr. SMART. Yes; but it was impossible, under the physical circumstances, for us to have gotten together on this.

Mr. RIVERS. I am not talking about what you haven't done.

Mr. SMART. Yes.

Mr. RIVERS. I know how hard it is to get these bills together and how difficult it is to do anything on Saturday, but if we could have

it read with the Navy it would be a guaranty that we haven't overlooked anything as far as the Navy is concerned.

As I understand, we have already read it with the Army, and all I am saying is that we should have it read with the Navy, because we want to make sure that we don't overlook anything when we get on the floor of the House.

Mr. SMART. I did make the bills available to all of the departments—that is, the Army and the Navy—and they have all had an opportunity to examine them exhaustively over the week end. I am sure they will have some other additions to make to the record at this time, and I think it will be all right.

Mrs. SMITH. All right; if you will proceed, Mr. Smart.

Mr. RIVERS. All right.

Mr. SMART. In title II of the bill, on page 17, there are no words of creation, that is, no wording to create the Navy Nurse Corps, so I would insert there, immediately after section 201, the same phraseology from the original H. R. 1373—

Mr. DURHAM. Doesn't your title of the bill take care of that, to begin with?

Mr. SMART. I don't think so.

Mr. DURHAM. It says:

To establish a permanent Nurse Corps of the Army and the Navy and to establish a Women's Medical Specialist Corps in the Army.

Captain NUNN. Madam Chairman—

Mrs. SMITH. Captain Nunn.

Captain NUNN. I think that Mr. Smart has a point there, and I would suggest this, that the language of section 201 as now written be stricken out and that a new section 201 be inserted to read as follows:

A Nurse Corps which shall be a component part of the Medical Department of the Navy is hereby created and established as a staff corps of the United States Navy. The Navy Nurse Corps shall consist of officers commissioned in the grade of nurse by the President, by and with the advice and consent of the Senate, and such officers shall have the rank of commander, lieutenant commander, lieutenant junior grade, or ensign; *Provided*, That the total number of officers in the permanent rank of commander and lieutenant commander shall not exceed seven per centum and 1.6 per centum, respectively, of the total number of officers permanently commissioned in the Navy Nurse Corps and serving on active duty. The total authorized number of officers of the Nurse Corps shall be six for each thousand of the authorized number of officers, midshipmen, and enlisted personnel on the active list of the Regular Navy and Regular Marine Corps.

Mr. RIVERS. Might I ask a question at that point? That makes it identical to the Army, with the exception that the Army sets a minimum and we don't in the Navy, under that creating section. The Army says there shall not be fewer than 2,500.

Captain NUNN. Yes; that is right. They have a floor on it, which we don't have.

Mr. RIVERS. Isn't that true?

Captain NUNN. Yes; that is true. What I have just read is consistent with former action taken by the committee, and I think that this limit on the number should occur in this first section, rather than later on, as we now have it, where it would have to be stricken out.

Mr. RIVERS. That is right.

Mr. ANDERSON. Where would that be taken out, Captain?

Captain NUNN. It is now in section 213.

Mrs. SMITH. Page 28.

Captain NUNN. On page 28, beginning in line 23.

Mr. ANDERSON. What you have done is to move the language there into section 201?

Captain NUNN. Yes, sir.

Mr. RIVERS. And that would make it identical to the Army.

Captain NUNN. Yes, sir; it would. In the first place, I think it is a more appropriate place for it, and in the second place it does achieve a little more uniformity.

Mr. ANDERSON. I move its adoption.

Mr. SMART. Captain Nunn, do I understand, then, on page 28, line 23, beginning with the word "Provided," that you strike the rest of that section?

Captain NUNN. Yes.

Mrs. SMITH. The whole section, Captain Nunn?

Mr. VINSON. No; just the part after the word "Provided."

Captain NUNN. Just the proviso.

Mr. SMART. Just the proviso, going over on page 29.

Captain NUNN. Yes, sir. That is, on page 28, beginning in line 23, change the colon to a period and strike out the proviso.

Mrs. SMITH. Without objection, the amendment is adopted.

Mr. Smart?

Mr. SMART. At this time I would like to refer further corrections to the Army and Navy, for whatever they have to suggest.

I would like a copy, incidentally, Captain Nunn, if you have one of those, please.

Captain NUNN. Yes, sir.

Mrs. SMITH. Colonel Kintz, will you give us your recommendations?

Colonel KINTZ. Madam Chairman, I believe that everything has been taken up that we noted.

I will check through my notes [examining papers].

Mrs. SMITH. Captain Nunn?

Captain NUNN. Madam Chairman, I have some more.

Mrs. SMITH. All right.

Colonel KINTZ. Everything is covered that we noted.

Colonel BLANCHFIELD. Madam Chairman——

Mrs. SMITH. Colonel Blanchfield.

Colonel BLANCHFIELD. There are no corrections that I see indicated. Thank you, Madam Chairman.

Mrs. SMITH. Now, Captain Nunn.

Captain NUNN. Madam Chairman, I have some more perfecting amendments made desirable by a rereading of the bill after the committee amendments were adopted, which we had not had a chance to go into at the time that Mr. Smart and I attempted to get this straightened out by telephone.

First, section 206 (a), on page 20—that is, lines 5 to 10, inclusive—amend subsection (a) of section 206 to read as follows:

Subject to the limitations of Section 201 of this Title, all provisions of law now existing or hereafter enacted relating to the advancement in rank of the officers of the Staff Corps of the Navy, except those provisions relating to the same subject matter provided for in the following subsections of this Section, shall be construed to include officers of the Nurse Corps.

As it now reads, section 206 provides substantially the same as my amendment, except in my amendment I mentioned the limitations now

in the bill in section 201, because now we have inserted in our bill a limitation on the number of officers in the ranks of commander and lieutenant commander which we did not previously have.

Mrs. SMITH. Then, your recommendation is to change it to read as as you read it?

Captain NUNN. Yes.

Mrs. SMITH. Any motion?

Mr. ANDERSON. It is so moved.

Mrs. SMITH. Without objection, the amendment is adopted.

Mr. RIVERS. That amendment is a clarifying amendment?

Captain NUNN. Yes, sir. It makes no change in the substance at all. It gives—

Mr. RIVERS. Consistency?

Captain NUNN. Yes, sir; it gives credence to this limit we have placed in the Navy bill now.

Mr. VINSON. And that limit—this is off the record.

(Discussion off the record.)

Mr. VINSON. Go back now on the record. Put those figures in the record, Admiral. This is very important. Give the composition of the Navy Nurse Corps based upon the authorized strength of the Navy and Marine Corps.

Admiral SWANSON. Total authorized strength of the Navy and Marine Corps is 663,902. Six per thousand of the total strength would mean an authorized Nurse Corps of 3,983. There would be 1 Director, or captain, in the Nurse Corps; seven-tenths percent would be commanders, or 28 commanders, including the 1 captain; 1.6 percent would be lieutenant commanders, or there would be 64 lieutenant commanders authorized; 97.7 percent would be lieutenants, that is, lieutenants junior grade or ensigns, or in round numbers, 3,891. But, if these were broken down, there would be 780 lieutenants—

Mr. VINSON. Seven hundred what?

Admiral SWANSON. 780 senior lieutenants, 871 lieutenants junior grade, and 2,240 ensigns.

Mr. DURHAM. Madam Chairman—

Mrs. SMITH. Mr. Durham.

Mr. DURHAM. Under this system, then, you would gain how many over your original request, by numbers, under this formula?

Admiral SWANSON. From 4 per 1,000 to 6 per 1,000.

Mr. DURHAM. What would be the difference in numbers?

Admiral SWANSON. Well, at the present time we have an appropriated strength of 2,286.

Mr. DURHAM. That is what you requested in the original bill, is that not correct?

Admiral SWANSON. Pardon me?

Mr. DURHAM. That is what you requested in your original bill, that number?

Admiral Swanson. No. We requested 4 per 1,000. However, I requested, in an additional letter to the Bureau of the Budget, that this be increased to 6 per 1,000, which was authorized by the Bureau of the Budget.

Mr. RIVERS. And the reason for the recommendation—do you yield, Mr. Durham?

Mr. DURHAM. Yes.

Mr. RIVERS. And the reason that you had to make that additional request, over the 4 per 1,000, was because that was prior to your assuming your present position?

Admiral SWANSON. That is correct.

Mr. RIVERS. And when you did, you supplemented the prior authorization from 4 to 6 per 1,000?

Admiral SWANSON. The genesis of this bill antedated my appointment.

Mr. RIVERS. Yes, sir.

Admiral SWANSON. After I took office, I requested then that this be increased to 6 per 1,000, and so requesting the Bureau of the Budget, which was authorized by them.

Mr. VINSON. Madam Chairman, may I make this inquiry?

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. As I understand, the Navy Nurse Corps, according to the bill, would be 3,983, with 1 captain, 28 commanders, 64 lieutenant commanders, 780 lieutenants, 817 j. g.'s, and 2,240 ensigns; is that correct?

Admiral SWANSON. That is correct, sir.

Mr. VINSON. May I ask, Madam Chairman, the strength and composition of the Army Nurse Corps?

Mrs. SMITH. Colonel Kintz.

Colonel KINTZ. Our minimum figure is 2,558.

Mr. VINSON. 2,558?

Colonel KINTZ. And of that, there would be one colonel——

Mr. VINSON. One colonel.

Colonel KINTZ. Eighteen lieutenant colonels——

Mr. VINSON. Eighteen lieutenant colonels.

Colonel KINTZ. Forty majors——

Mr. VINSON. Forty majors.

Colonel KINTZ. And 2,500 company grade lieutenants and captains.

Mr. VINSON. Now, can you tell us how many would be captains, how many first lieutenants, and how many second lieutenants?

Colonel KINTZ. No, sir.

Mr. VINSON. Well, 2,500 would be company grades. Can you give us for the record how many of the 2,500 would be captains?

Colonel BLANCHFIELD. It would be very hard to determine that because their promotion to the upper grades is determined by their length of service.

This 2,500, except for 752, will be integrated, and they will be integrated according to their length of service. I mean they will be placed in grade according to their length of service.

Mr. VINSON. May I pursue this a little further?

Mrs. SMITH. Yes.

Mr. VINSON. We are going to have a minimum of 2,558 nurses in the Army Nurse Corps.

Colonel BLANCHFIELD. That is right.

Mr. VINSON. And one of them is going to be a colonel?

Colonel BLANCHFIELD. Yes, sir.

Mr. VINSON. Eighteen of them are going to be lieutenant colonels.

Colonel BLANCHFIELD. Yes, sir.

Mr. VINSON. And 40 of them are going to be majors?

Colonel BLANCHFIELD. Yes, sir.

Mr. VINSON. Now, do you mean to tell the committee that you can't tell us how many captains there would be?

Colonel BLANCHFIELD. The captains, first lieutenants, and second lieutenants are determined very much by—now, this year we can tell you. Out of the 6,000, we have 3,000 second lieutenants.

Mr. VINSON. Well, now, Colonel, I am just trying to find out. Someone on the floor of the House will be asking the question.

Of the 2,500 company grades, how many of them are going to be captains and how many of them are going to be lieutenants? It might turn out that all would be captains or all would be lieutenants.

Colonel BLANCHFIELD. No, sir. We will have approximately 97 plus percent in the lower grades. Of that number, we would say that 15 percent would be captains, 25 percent would be first lieutenants, and the remainder would be second lieutenants.

Mr. VINSON. Then we can tell the House, of the 2,500, approximately 15 percent of that number will be captains?

Colonel BLANCHFIELD. Yes, sir.

Mr. VINSON. Twenty-five percent of that number would be lieutenants?

Colonel BLANCHFIELD. First lieutenants.

Mr. VINSON. And the balance of them would be j. g.'s?

Colonel BLANCHFIELD. Second lieutenants; yes.

Mr. VINSON. I mean second lieutenants.

Colonel BLANCHFIELD. Yes.

Mr. RIVERS. Is that the same as the Navy ratio?

Colonel BLANCHFIELD. That is exactly the same ratio.

Mr. VINSON. All right.

Colonel BLANCHFIELD. The difference is, of course, that these numbers do not remain static, because as the nurse acquires length of service, she becomes eligible for promotion, according to the promotion scheme of line officers. So, after 10 years of service, the first lieutenant becomes eligible to be a captain. After 3 years, the second lieutenant becomes eligible to be a first lieutenant.

You can see that the number will not remain static. It may be that way this year, and next year a few of them may be pushed up.

We bring them in in the lowest grade, as a second lieutenant, but that will only take care of our attrition. The ones brought in as second lieutenant will be those that we fill in to make up our losses.

Mr. VINSON. Under your statement, Colonel, as I conclude, they come in and serve 3 years in the second lieutenant grade. Now, inasmuch as there are only 40 majors, your bottleneck is bound to be in the rank of captain.

Colonel BLANCHFIELD. That is right.

Mr. VINSON. What?

Colonel BLANCHFIELD. That is right.

Mr. VINSON. Therefore, the 2,500, or a large portion of those, could be captains?

Colonel BLANCHFIELD. Ten years from now.

Mr. VINSON. Unless you have got some way of getting—

Colonel BLANCHFIELD. Ten years from now they could be captains.

Mr. VINSON. That is right.

Colonel BLANCHFIELD. But we propose to use them interchangeably with first and second lieutenants. Just because they are captains, that doesn't mean that they won't do nursing.

Mr. VINSON. Now, let me ask this question, Madam Chairman, that is running through my mind. Of course, there are plenty of inducements here for them to come in at the bottom. How are they ever going to get out?

Colonel BLANCHFIELD. After 20 years of service they may retire at 2½ percent of their base and longevity pay, multiplied by their years of service, up to 50 percent.

Mr. VINSON. Then, there is no forced attrition anywhere in the organization?

Colonel BLANCHFIELD. Yes, there is, because after first lieutenants, they are selected. They have to pass an examination to become captains.

Mr. VINSON. After first lieutenants?

Colonel BLANCHFIELD. Yes, sir; it is selective.

Mr. VINSON. They go before some kind of a selection board, or under some kind of a selection system?

Colonel BLANCHFIELD. Yes, sir.

Mr. VINSON. And are not promoted by seniority?

Colonel BLANCHFIELD. No, sir.

Mr. VINSON. Then, your attrition takes place down there?

Colonel BLANCHFIELD. That is right.

Mr. VINSON. Does any attrition take place up in the ranks of major and lieutenant colonel?

Colonel BLANCHFIELD. No, sir.

Mr. VINSON. Then, the one that becomes a major has security for at least 20 years, or until they reach 55 years of age?

Colonel BLANCHFIELD. That is right, sir.

Mr. VINSON. Fifty-five years of age is the outlet there?

Colonel BLANCHFIELD. Yes, sir.

Mr. VINSON. Then, the only thing that gets them out, after they become major and on up, is age?

Colonel BLANCHFIELD. That is right.

Mr. VINSON. Fifty-five years, isn't that true?

Colonel BLANCHFIELD. Yes. Of course, we begin selecting for promotion to captain. Then those who are selected for majority, that is, to be majors, are selected from those captains.

Mr. VINSON. That is right.

Colonel BLANCHFIELD. And they, of course, have to have special qualifications.

The same is true of the lieutenant colonels. They are selected from majors.

Mr. VINSON. Then, if you are very strict in your elimination, down in the rank of lieutenant, you can eliminate to a certain extent a large group of captains which would be out of proportion to the other two ranks?

Colonel BLANCHFIELD. Yes, sir.

Mr. VINSON. Lieutenant and second lieutenant.

Colonel BLANCHFIELD. That is right, sir.

Mr. VINSON. That is all.

Mrs. SMITH. Admiral Swanson, did you have something to add to that?

Admiral SWANSON. Madam Chairman, for the record this might be interesting: As of February 1, 1947, we had 2,264 Navy nurses. Of that number, there was 1 captain, 4 commanders, 571 lieutenant

commanders, 594 senior lieutenants, 568 lieutenants junior grade, and 548 ensigns. This new legislation, if enacted, will correct that.

Mrs. SMITH. Are there any questions?

Mr. DURHAM. It is a good correction.

Mrs. SMITH. Captain Nunn, have you any further recommendations?

Captain NUNN. Yes, Madam Chairman, I have.

On page 24, line 18, I suggest after the figures "2½," we add the words and figure "or 3."

Mr. RIVERS. That should be the same on line 7, then, shouldn't it?

Mr. VINSON. We settled that, didn't we, Captain?

Captain NUNN. Yes, sir. This doesn't change the substance of what you did, sir.

This subsection (g) of section 207, recapitulates the retirement provision for nursing. It provides that—

except in cases of physical disability incurred in line of duty, a nurse retired, if placed on the retired list in a rank higher than her permanent rank, shall receive retired pay equal to 2½ per centum of her active duty pay.

The committee has now incorporated into our bill a provision for retirement under certain circumstances, that is, by reason of age, at 3 percent, so we need to name that here.

Mrs. SMITH. It is simply a perfecting amendment?

Captain NUNN. It just brings this amendment into conformity with the other amendments.

Mr. RIVERS. Is that the same on line 7?

Captain NUNN. That is where I am reading, sir.

Mr. RIVERS. You are not.

Mr. ANDERSON. You are reading line 18. He is referring to line 7 of subsection (g).

Captain NUNN. Yes, sir.

Mr. RIVERS. All right.

Captain NUNN. In both places it should be put in.

Mr. ANDERSON. "2½ or 3"?

Captain NUNN. Yes, sir.

Mr. RIVERS. We took action on that in the committee.

Captain NUNN. Yes, sir.

Mr. RIVERS. Designating 3 percent.

Captain NUNN. Yes, sir; under certain circumstances.

Mr. RIVERS. All right.

Mrs. SMITH. Are there any questions?

Mr. VINSON. Wait one minute, Madam Chairman.

Under what circumstances, in the Army, is it based on 2½ percent and under what circumstances is it based upon 3 percent?

Colonel KINTZ. The 2½ percent is on 20 years' voluntary retirement.

Mr. VINSON. That is right.

Colonel KINTZ. And the 3 percent is based on the forced attrition at 50 and 55 years of age.

Mr. VINSON. I see.

Therefore, this, Captain Nunn, puts it exactly in the same category.

Captain NUNN. Yes, sir.

Mr. RIVERS. If it doesn't, I move that our lawyer check into that and make sure that it does.

Mr. VINSON. Well, Captain Nunn says it does.

Mr. SMART. That is right.

Mr. RIVERS. I am not questioning Captain Nunn. He knows that.

Mrs. SMITH. Without objection, the amendment is adopted.

Mr. ANDERSON. The amendments are adopted.

Mrs. SMITH. The amendments are adopted. I stand corrected, Mr. Anderson.

Captain Nunn?

Captain NUNN. Also, on page 26, section 209. That section was placed in the bill by the committee amendment to permit the Secretary of the Navy to terminate the commissions of officers of the Nurse Corps.

I suggest the following changes in the language, for purposes of clarification. The section under the amendment I propose will read as follows:

The Secretary of the Navy—

adding the word “the”—

under the circumstances and in accordance with the regulations prescribed by the President, may terminate the commission of any officer commissioned in the Nurse Corps established by this title.

The reason the present language refers to “any of the corps” is it was taken from the Army bill. They may have two corps, and we have just one.

Mrs. SMITH. Without objection, the amendments are adopted.

Captain Nunn?

Captain NUNN. On page 28, I believe the committee has stricken the proviso at the bottom of the page.

Mr. VINSON. We cut that out.

Mrs. SMITH. That is right.

Captain NUNN. On page 30, in line 12, the last line, change the word “Act,” the first word in the line, to “title.”

Mrs. SMITH. Without objection, the amendment is adopted.

Captain NUNN. May I point out at this time that there is still a difference in the Army-Navy bill as regards the time it becomes effective?

Under title I, section 101, at the very beginning, the provision for effectiveness, is: “Effective the date of enactment of this Act,” and under title II, section 215, says that it becomes effective 30 days after the date of its enactment.

I wonder if Admiral Swanson has any remarks to make on that?

Admiral SWANSON. I have no objection if it is enacted upon the date of enactment of the act. The 30 days was merely to help the administration.

Mr. RIVERS. You can set it up, can't you? You are smart enough to do that, aren't you, if the Army is?

Admiral SWANSON. Oh, yes; we can do it.

Mrs. SMITH. Do I hear a motion?

Mr. RIVERS. I move we make both of them read: “Effective as of the enactment of the Act.”

Mrs. SMITH. Without objection, the amendment is adopted.

Captain Nunn?

Mr. SMART. Madam Chairman—

Mrs. SMITH. Mr. Smart.

Mr. SMART. What is the amendment?

Mrs. SMITH. Title I, section 101, line 7, reads:

Effective the date of enactment of this Act.

On page 30, line 12, it should be changed to read:

It shall become effective the date of its enactment.

Captain NUNN. In other words, section 215 as amended will read:

Except as provided in section 213 hereof, this title shall take effect upon the date of its enactment.

Mrs. SMITH. Without objection, the amendment is adopted.

Mr. VINSON. That takes care of all the amendments, Madam Chairman?

Mrs. SMITH. No. I have two or three questions; but first, are there any questions of members of the committee?

Mr. RIVERS. I would like to ask a question, if I may, along the line of Mr. Vinson's inquiry, which might be very helpful. Mr. Vinson always seems to know what is going to be asked us on the floor.

He got the figures, and I would just like to get this in mind. I want Captain Nunn to hear this, too.

The Navy's promotion is in line with the promotion of other officers, as to running mates, and so forth?

Captain NUNN. Yes, sir; it is in line with the promotion of Staff Corps officers.

Mr. RIVERS. Staff Corps officers.

Captain NUNN. Except, I believe, in the promotion bill which the Navy expects to send to Congress, if and when cleared by the Bureau of the Budget, there will be different methods or different degrees of acceleration in the promotion of the various Staff Corps. I believe it is intended—and I would like Admiral Swanson to check me on this—that the flow of promotions in the Nurse Corps, that is, Staff Corps, will be unrestricted to the grade of lieutenant. That is to say, the nurses will be restricted in the grades of captain, commander and lieutenant commander, by limitations contained in this bill.

Mr. VINSON. Different from other Staff Corps?

Captain NUNN. Yes, sir; but that their promotion will be pretty largely free into the grade of lieutenant in the Navy.

Mr. RIVERS. The same as a captain in the Army?

Colonel BLANCHFIELD. Yes, sir.

Captain NUNN. I think so; yes.

Mr. RIVERS. The reason I asked that was because Mr. Vinson's question brought out the fact that you could have a bottleneck in the Army, and I wondered whether the Army promotion system was out of step with the regular system now existing in other branches.

Colonel KINTZ. No.

Colonel BLANCHFIELD. No, sir; it is just the same.

Mr. RIVERS. Then there is no inconsistency. Theirs is in keeping with the Navy system, and yours is in keeping with the system in the Army?

Colonel KINTZ. Right.

Mr. RIVERS. So, if we are asked that question, we won't have to say that this is a preferred promotion group.

Colonel KINTZ. No.

Mr. VINSON. No; it is based entirely upon the same promotions applicable to everybody else in the services.

Colonel BLANCHFIELD. That is right.

Mr. VINSON. And if we change the law, in the promotion bill, we can make some exceptions, or make it applicable to the Nurse Corps. I imagine there would be as much uniformity in all the corps as possible.

Mrs. SMITH. Anything further? Do you have anything further, Captain Nunn?

Captain NUNN. No, Madam Chairman. That is all.

Mrs. SMITH. The Chair would like to ask, on page 28, as to line 8: "established by this act who has reached the age of 35 years," is that the same as the Army, or should that read "who has not reached the age of 35"?

Mr. RIVERS. Speak up.

Mrs. SMITH. The two lines that I have in mind are line 8 on page 28 and line 2 on page 6.

Captain NUNN. That is right, as I understand it, Admiral?

Admiral SWANSON. "* * * who has reached" is correct.

Captain NUNN. These are as to the people who are already in. None of those shall receive permanent commissions under this act who have reached the age of 35.

Mr. ANDERSON. Then, on page 6, line 2, should we take out the word "not"?

Mrs. SMITH (reading):

* * * established by this Act who has reached the age of thirty-five.

It looks to me as though you would have to have a "not" there—I am asking for information and advice here. We have "created and established by this Act who has reached the age of thirty-five"; and the other is "who has not attained the age of thirty-five." What is the difference?

Captain NUNN. I believe, taking the language on pages 5 and 6 in the Army portion, the provision is that no person shall be appointed a commissioned officer in the Army Nurse Corps under this provision except a person, otherwise qualified, who has not attained the age of 35. I think the net result is the same.

Colonel BLANCHFIELD. That is, after she is 35 she is no longer eligible for the Regular Army.

Mrs. SMITH. What I am inquiring about is this: Is that wording right?

Captain NUNN. I think it is, Madam Chairman.

Mrs. SMITH. You think one who is not an attorney can interpret it correctly?

Captain NUNN. I think so; yes. I believe what both the Army and the Navy have here is that, as to the present nurses brought in under this bill and given permanent commissions, if they have become 35 years of age they cannot get a regular commission.

Mrs. SMITH. I see.

Captain NUNN. If they have not reached 35, they can have a commission.

There is a double negative in the Army language here:

No person shall be appointed——

Colonel BLANCHFIELD. I think there is a question there. I think we should clarify that.

Mrs. SMITH. It wasn't clear to me.

Mr. RIVERS. Let us make it clear.

Captain NUNN (reading):

*Provided, That no person shall be appointed * * * except a person, otherwise qualified, who has not attained the age of thirty-five.*

That is to say, if he is less than 35, he may be appointed.

Colonel BLANCHFIELD. Yes.

Mr. WINSTEAD. Madam Chairman, why not say "cannot be accepted"?

Colonel KINTZ. As I understand it, the intent of both is to limit the age to 35.

Mrs. SMITH. That is correct, and I would like it worded so that I could understand it.

Mr. SMART. Madam Chairman——

Mrs. SMITH. Yes, Mr. Smart.

Mr. SMART. I think it would clarify it if you would strike the word "not" in the Army phraseology. Then you wouldn't have a double negative there and it would merely say that no person shall be appointed who has attained the age of 35. That seems to be clear enough.

Mr. ANDERSON. Does that clarify it, Captain?

Captain NUNN. We have to do more than just take out the word "not."

Mr. PHILBIN. I think, if you took that last clause in line 8, "who has reached the age of 35 years," and insert it after the word "Reserve," in line 6, so it would read:

That no member of the Nurse Corps or the Nurse Corps Reserve who has reached the age of thirty-five years shall be commissioned in the Nurse Corps of the United States Navy created and established by this Act——

that will clarify that.

Mr. RIVERS. You make that in the form of a motion?

Mr. PHILBIN. Yes; I make that as a motion.

You understand, Captain, what that would do? It would merely transfer that clause "who has reached the age of thirty-five years," so it would appear after the word "Reserve" in line 6.

I think that would clarify it. It would then read:

That no member of the Nurse Corps Reserve * * * who has reached the age of thirty-five years shall be commissioned * * *"

Captain NUNN. Yes, sir.

Mr. PHILBIN. That would be quite explicit, I think.

Mrs. SMITH. Is the Army provision clear?

Colonel KINTZ. I am not quite satisfied with it.

Mr. PHILBIN. Captain Nunn, there is a double negative there in the Army language that might be corrected.

Captain NUNN. I think the Navy's language is all right. The Army language is still not clear.

Colonel BLANCHFIELD. Couldn't we adopt the same phraseology that the Navy has used?

Mrs. SMITH. Colonel Blanchfield, I think that is a good suggestion. What about that, Colonel Kintz?

Mr. RIVERS. All you have to do is substitute——

Colonel KINTZ. We can't use exactly the same phraseology because you have "the Nurse Corps or the Nurse Corps Reserve," in the Army language.

Mr. PHILBIN. Would the gentleman state on what page the Army language appears?

Colonel KINTZ. Page 6.

Captain NUNN. The proviso begins at the bottom of page 5.

Mr. SMART. Where are you now, Captain Nunn?

Captain NUNN. He is considering the provision that begins at the bottom of page 5.

Mr. SMART. Thank you.

Colonel BLANCHFIELD. If you would leave the "not" out, then you would only take those to 35.

Colonel KINTZ. That is right. We do not want that.

Mr. SMART. The omission of the word "not," it seems to me, would clarify the whole thing.

Colonel KINTZ. I do not know.

Mr. RIVERS. Or say "who has attained the age of 35." That is what you mean to say.

Mr. SMART. That is my suggestion.

Colonel BLANCHFIELD. If you leave it out, you would only take those who have attained the age of 35 and we want to take all those up to 35.

Mrs. SMITH. You want to take all?

Colonel BLANCHFIELD. Yes.

Mr. VINSON. That would make it a policy of taking only those who have attained the age of 35.

Colonel BLANCHFIELD. That is right. We would limit it to taking only those who had attained the age of 35.

Colonel KINTZ. I think, if we read that slowly, it is all right.

Mrs. SMITH. All right, let us read it slowly.

Colonel KINTZ. (reading):

That no person shall be appointed a commissioned officer in the Army Nurse Corps under this provision except a person, otherwise qualified, who has not attained the age of thirty-five on the date of nomination by the President * * *.

In other words, they cannot be over 35 when they have been nominated by the President.

Mrs. SMITH. Mr. Winstead asked why we didn't say it that way, who "cannot be accepted."

Couldn't you make that in clearer language?

Mr. VINSON. I don't know about that, Colonel: "who has not attained the age of 35," why doesn't it mean that you can't be appointed until you reached your thirty-fifth year?

Mr. RIVERS. You don't want that.

Mr. VINSON. Of course. What you are after is anyone under 35, with 35 being the maximum age. That is what you are after.

Let us see:

* * * under this provision except a person otherwise qualified, who has not attained the age of thirty-five—

which means he couldn't be appointed if he was 35 years of age. He has got to be 35.

Mr. RIVERS. That is what this thing says.

Mr. ANDERSON. Why not take out the "not"?

Mr. WINSTEAD. Then we have excluded all under 35.

Mr. RIVERS. Is that what you want to do?

Mr. VINSON. No.

Mr. RIVERS. That is exactly what it does.

Colonel KINTZ. We don't want that.

Mr. VINSON. He wants to take everybody from 21 years of age up to 35 years of age, isn't that it?

Mr. RIVERS. Why don't you say that nobody shall be appointed, under this provision, except a person, otherwise qualified, who has attained his thirty-fifth birthday?

Mr. VINSON. That is the same thing.

Colonel KINTZ. As Mr. Smart says, I think if you would take out the word "not," that would fix it.

Colonel BLANCHFIELD. No.

Mr. SMART. Let us be clear on that, Colonel.

Colonel BLANCHFIELD. Then you can take only those who are 35 years of age.

Colonel KINTZ. No.

Mrs. SMITH. The Chair would suggest that Captain Nunn and Colonel Kintz take a moment and get together on this.

(Whereupon followed a discussion by Captain Nunn and Colonel Kintz which was not recorded.)

Mrs. SMITH. Colonel Kintz, do you and Captain Nunn have something now for us?

Colonel KINTZ. Captain Nunn has some wording which I think makes it a little clearer.

Captain NUNN. Madam Chairman, our suggestion is that the proviso, beginning in line 24, page 5, be amended to read as follows:

Provided, That a person appointed a commissioned officer in the Army Nurse Corps pursuant to this provision shall not have attained the age of thirty-five on the date of nomination by the President, shall be otherwise qualified, and shall, during any of the wars in which the United States is presently engaged, have served honorably on active duty as a commissioned officer of the Army of the United States pursuant to the Act of June 22, 1944, or as a member, including the status of a Reserve nurse, of the Army Nurse Corps, created by chapter V of the Act of July 9, 1918.

Mrs. SMITH. And the other, on page 28, will be left as it is?

Captain NUNN. Well, as amended by Mr. Philbin, in accordance with his suggestion.

Mrs. SMITH. Mr. Philbin?

Mr. PHILBIN. May I ask you, Captain, how you interpret that "otherwise qualified," as appearing in the original context?

It would seem as though there was some intention here of excluding persons from provisions of this section, so they could appoint persons who are over 35, in certain circumstances.

May I address that question to the Army representative?

Captain NUNN. I think that was not the intention.

Colonel BLANCHFIELD. No, sir, it was not the intention at all.

Mr. PHILBIN. Why was that language inserted at all, "except a person, otherwise qualified"? Is that a reservation here?

Colonel BLANCHFIELD. That is to cover the other regulations, sir. They must be able to meet all the requirements, including this requirement for each, such as physical, professional—

Mr. PHILBIN. In other words, you are not reserving the right to appoint persons who are over 35?

Colonel BLANCHFIELD. No, sir.

Mr. VINSON. That applies to those who are coming in.

Colonel BLANCHFIELD. The integration of this 2,400, that is right.

Mr. VINSON. May I ask this question——

Mrs. SMITH. Mr. Vinson.

Mr. VINSON. Those who are already in the service over 35, by the language of the bill, are blanketed in?

Colonel BLANCHFIELD. That is correct.

Colonel KINTZ. Yes.

Mr. VINSON. The 35 years of age applies to the new blood that is coming in?

Colonel BLANCHFIELD. Yes, sir.

Mr. WINSTEAD. May I ask one question?

Mrs. SMITH. Mr. Winstead.

Mr. WINSTEAD. As I understand, if they served with the Army or the Navy, they can go into either.

Mrs. SMITH. That is right.

Mr. VINSON. Even if they are 35?

Mrs. SMITH. That is correct.

Mr. VINSON. Thirty-five is only applicable to people coming in as new officers in the Nurse Corps.

Mrs. SMITH. Are there any further questions?

Mr. DURHAM. Those over 35 are taken care of, also, is that correct?

Captain NUNN. That is correct, provided they are currently serving.

Mr. DURHAM. In other words, we are not barring anybody from serving in the services because of age?

Captain NUNN. No, sir.

Mrs. SMITH. Are there any other questions?

(No response.)

Mrs. SMITH. Do you make that as a motion, that both amendments be adopted?

Mr. PHILBIN. That is right.

Mrs. SMITH. Without objection, the two amendments as read are adopted.

Are there any further suggestions or motions on H. R. 1943?

If not, are we ready to report the same to the full committee?

Mr. RIVERS. Just before that——

Mrs. SMITH. Mr. Rivers.

Mr. RIVERS. Under this proposed budget cut, this bill would take care of itself by the sliding scale of the number of personnel in both services?

Admiral SWANSON. That is correct.

Mr. RIVERS. So, on any relinquishing of funds, as the Army or Navy sees it, both services would be taken care of by reason of the sliding scale as to the number of personnel.

Admiral SWANSON. Yes, sir.

Mr. VINSON. I move the bill be favorably reported as amended, with the recommendation that the full committee adopt the subcommittee's report.

Mr. RIVERS. I second that motion.

Mrs. SMITH. Without objection, H. R. 1943 will be reported to the full committee as amended, with the recommendation that it be reported to the floor in the same way. I want to thank the witnesses very much for being so helpful in this.

Now, the Chair would like to say that this subcommittee has three bills: H. R. 1361, which is to establish the commissioned grade of Medical Administrator in the Hospital Corps of the Navy, and for other purposes; H. R. 1603, to establish the Medical Association Sciences Corps in the Medical Department of the Navy, and for other purposes; and a bill, which will be introduced today, which takes care of title I of the Army Nurse Corps bill, which I do not have a number for yet, to establish a permanent Medical Service Corps in the Medical Department of the Regular Army.

Now, the departments advise that these, like the Nurse Corps bill, are important as they will make permanent wartime measures, and until there is permanent legislation valuable personnel which is essential to the services is leaving.

The Chair would like very much to start holding hearings on these three bills, taking them up separately, of course, as we come to them.

If there is no objection, the Chair will call a meeting of the subcommittee for 10 o'clock Friday morning.

An announcement is to be made of the hearings, and word will be sent out to all who want to be heard. There are a number, I am advised, who want to be heard on one or all three of the bills.

Without objection, the committee is adjourned——

Mr. VINSON. Madam Chairman, have you introduced the first section of the Army's bill?

Mrs. SMITH. That is one of those that will be introduced today.

Mr. VINSON. I see. All right.

Mrs. SMITH. And that will be one of the three that hearings will be held on.

Mr. VINSON. Friday morning?

Mrs. SMITH. Friday morning, at 10 o'clock.

(Whereupon, at 11:20 a. m., the subcommittee adjourned.)

FULL COMMITTEE HEARINGS ON H. R. 1943, H. R. 1366, H. R. 1359,
H. R. 1365, H. R. 1377 (H. R. 1806)

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
Tuesday, February 25, 1947.

The committee met at 10 a. m., Hon. Walter G. Andrews (chairman) presiding.

The CHAIRMAN. The committee will be in order.

I believe a quorum is present. The Chief Clerk will note those present and those who come in late.

Gentlemen, this meeting was called principally with a view to hearing a report from subcommittees on two bills.

There are some other minor bills to be reported. However, in view of the fact that some of those concerned from the Army and the Navy are here whom we may wish to question in regard to the Nurse Corps bill and the fact that they have an engagement with the Appropriations Committee, I think the committee will deem it proper that we yield first to the lady from Maine, Mrs. Smith, for her report on the so-called Nurse Corps bill, in which connection the hearings have been printed and sent to all members of the committee last week.

Mrs. Smith.

Mrs. SMITH. Mr. Chairman, the bill before us is H. R. 1943. (H. R. 1943 is as follows:)

[H. R. 1943, 80th Cong. 1st sess.]

[Omit the part in black brackets and insert the part printed in italic]

A BILL To establish a permanent Nurse Corps of the Army and the Navy and to establish a Women's Medical Specialist Corps in the Army

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Army-Navy Nurses Act of 1947".

TITLE I

ARMY NURSES AND WOMEN'S MEDICAL SPECIALIST CORPS

SEC. 101. (a) Effective the date of enactment of this Act, there is established in the Medical Department of the Regular Army an Army Nurse Corps, which shall perform such services as may be prescribed by the Secretary of War. The authorized strength of the Army Nurse Corps, Regular Army, shall be in the ratio of six members thereof to every one thousand persons of the total authorized strength of the Regular Army, but not less than a minimum authorized strength of two thousand five hundred and fifty-eight members. The Army Nurse Corps, Regular Army, shall consist of officers in the grades of second lieutenant to lieutenant colonel, inclusive: *Provided*, That the number of lieutenant colonels on active duty shall at no time exceed seven-tenths per centum, and the number of majors on active duty shall at no time exceed 1 $\frac{1}{10}$ per centum, of the authorized Regular Army officer strength of such corps.

(b) From the officers permanently commissioned in such Army Nurse Corps, in permanent grade of major or above, and upon the recommendation of the

Surgeon General of the Army, the Secretary of War shall appoint the Chief of the Army Nurse Corps, who shall serve as such Chief during his pleasure for a term not to exceed four years and shall not be reappointed, and who, without vacation of her permanent grade, shall have the temporary rank, pay, and allowances of a colonel while so serving.

(c) Commissioned officers of the Army Nurse Corps, Regular Army, shall be appointed by the President, by and with the advice and consent of the Senate, from female citizens of the United States who have attained the age of twenty-one years. Original appointments other than appointments made under sections [203, 204, and 205] 103, 104, and 105 shall be made only in the grade of second lieutenant from female persons not over [twenty-six] *twenty-eight* years of age on the date of nomination by the President, who are graduates of hospital or university training schools, who are registered nurses, and who possess such physical and other qualifications as may be prescribed by the Secretary of War.

SEC. 102. (a) Effective the date of enactment of this Act, there is established in the Medical Department of the Regular Army, a Women's Medical Specialist Corps, which shall consist of a Dietitian Section, a Physical Therapist Section, and an Occupational Therapist Section, and which shall perform such services as may be prescribed by the Secretary of War. The authorized strength of the Women's Medical Specialist Corps, Regular Army, shall be in the ratio of nine-tenths of a member thereof to every one thousand persons in the total authorized strength of the Regular Army, but not less than a minimum authorized strength as follows: Twenty-four officers in permanent commissioned grade of major and three hundred and eighty-five other officers in permanent commissioned grades of captain to second lieutenant, inclusive. Any increase over and above the aforesaid minimum authorized strength shall be in permanent commissioned grades of captain to second lieutenant, inclusive.

(b) From the officers permanently commissioned in such Women's Medical Specialist Corps, the Secretary of War shall appoint (1) the Chief of the Women's Medical Specialist Corps, who shall serve as such Chief during his pleasure, and who, without vacation of her permanent grade, shall have the temporary rank, pay, and allowances of a colonel while so serving and (2) three Assistant Chiefs of the Women's Medical Specialist Corps, who shall be the chiefs of the sections of the Women's Medical Specialist Corps, to serve as such Assistant Chiefs during his pleasure, and who, without vacation of their permanent grades, shall have the temporary rank, pay, and allowances of a lieutenant colonel while so serving.

(c) Commissioned officers of the Women's Medical Specialist Corps, Regular Army, shall be appointed by the President, by and with the advice and consent of the Senate, from female citizens of the United States, who have attained the age of twenty-one years. Original appointments other than appointments under sections [203, 204, and 205] 103, 104, and 105 hereof shall be made only in the grade of second lieutenant from female persons not over twenty-eight years of age on the date of nomination by the President and who possess such physical and other qualifications as may be prescribed by the Secretary of War.

SEC. 103. (a) Prior to a date one year following the date of enactment of this Act, each of the persons specified below shall be tendered an appointment as a commissioned officer in the Army Nurse Corps, Regular Army, established by this Act, in a grade as prescribed in section 104 hereof.

This provision applies to each person who, on the date of enactment of this Act, is serving honorably on active duty as a member, other than as Reserve nurse, of the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879), as amended, regardless of whether such person is also serving under an appointment made pursuant to the Act of June 22, 1944 (58 Stat. 324), and regardless of the age of such person.

(b) Until a date one year following the date of enactment of this Act any person who is a female citizen of the United States, who is over twenty-one years of age, and who meets the physical and other qualifications prescribed by the Secretary of War, may be appointed a commissioned officer in the Army Nurse Corps, or the Women's Medical Specialist Corps, Regular Army, established by this Act, in a grade as prescribed in section 104 hereof: *Provided*, That [no] a person [shall be] appointed a commissioned officer in the Army Nurse Corps under this provision [except a person, otherwise qualified, who has] *shall not have attained the age of thirty-five on the date of nomination by the President, shall be otherwise qualified and [who], during any of the wars in which the United States is presently engaged, shall have served honorably on active duty as a commissioned officer of the Army of the United States, pursuant to the Act of June 22, 1944 (58 Stat. 324), or as a member, including the status of Reserve*

nurse, of the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879): *Provided further*, That no person shall be appointed a commissioned officer in the Women's Medical Specialist Corps under this section, except a person otherwise qualified, who during any of the wars in which the United States is presently engaged served honorably on active duty as a dietitian or physical therapist with the Medical Department of the Army of the United States appointed pursuant to the Act of June 22, 1944 (58 Stat. 324), or who served honorably as an occupational therapist with the Medical Department of the Army in the status of a civilian employee.

SEC. 104. A person appointed under the provisions of this title who is credited, as provided in section 105 hereof, with less than the minimum length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of first lieutenant, shall be appointed in the grade of second lieutenant; a person credited with service equal to or greater than the minimum length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of first lieutenant, but less than the minimum length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of captain, shall be appointed in the grade of first lieutenant; a person credited with service equal to or greater than the minimum length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of captain, shall be appointed in the grade of captain; majors and lieutenant colonels shall be appointed by selection, to fill vacancies in those grades from among persons who are appointed or are qualified for appointment in the grade of captain: *Provided*, That no person shall be appointed in the Army Nurse Corps or the Women's Medical Specialist Corps in a grade higher than the rank (either actual or relative) which such person held during any of the wars in which the United States is now engaged.

SEC. 105. (a) For the purposes specified in subsection (b) hereof, each person appointed pursuant to provisions of this title shall, at the time of her appointment, be credited with whichever is the greater of the following two periods of service: (1) A period of service equal to the number of years, months, and days which such person served on active Federal military service either as a member (including the status of Reserve nurse) of the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879), as amended, or as a dietitian or physical therapist with the Medical Department of the Army under the provisions of the Act of December 22, 1942 (56 Stat. 1072), or in the status of a commissioned officer in the Army of the United States under appointment pursuant to the Act of June 22, 1944 (58 Stat. 324); or (2) a period of service determined constructively in accordance with regulations prescribed by the Secretary of War: *Provided*, That in computing the total period of active Federal military service each such person honorably discharged or separated from active Federal military service subsequent to May 12, 1945, shall also be credited with the period from the date of her discharge or separation from active Federal military service to the date of her appointment.

(b) The period of service credited to a person as provided in subsection (a) hereof shall be counted and construed as continuous active commissioned service on the active list of the Regular Army for the following two purposes: (1) For the purpose of determining the grade and rank of a person appointed under the provisions of this title, and (2) for the purpose of determining a person's right to promotion subsequent to appointment under the provisions of this title. Except for the foregoing specified purposes, provisions of existing law regarding length of service and benefits accruing therefrom shall not be affected.

SEC. 106. Relative rank among commissioned officers of the Army Nurse Corps and the Women's Medical Specialist Corps, within each corps, and between such officers and other commissioned officers of the Regular Army, shall be determined in the manner now or hereafter prescribed by law for the determination of relative rank among other commissioned officers of the Regular Army. Commissioned officers of each such corps shall not be entitled, by virtue of their rank, to command, except within their respective corps, and over such persons as may be placed under their charge by competent authority, but may be assigned by the Secretary of War to perform such duties as the interests of the service may require.

SEC. 107. (a) Commissioned officers of the Army Nurse Corps and the Women's Medical Specialist Corps, Regular Army, shall, upon completion of the length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of first lieutenant, be promoted to the permanent grade of first lieutenant; commissioned officers of such corps shall, after completing the length of service now or hereafter prescribed for promotion of promotion-list officers to the grade

of captain, be promoted to the permanent grade of captain upon satisfactorily passing such examinations as the Secretary of War shall prescribe. Promotion to the permanent grade of major shall be by selection, under regulations prescribed by the Secretary of War, from among officers in the grade of captain who have completed the length of service now or hereafter prescribed for promotion of promotion-list officers to the grade of major. Promotion to the permanent grade of lieutenant colonel shall be by selection, under regulations prescribed by the Secretary of War, from officers in the permanent grade of major with at least one year's service in the grade of major.

(b) The examination for promotion referred to in subsection (a) above shall be prescribed by the Secretary of War and shall be held before a board of three officers designated by the Secretary of War. Should any officer fail to pass such examination, she shall be continued on active duty for a period of one year after the date upon which her promotion would normally have occurred, but without being so promoted, and upon the expiration of such year, or such time anterior to the expiration thereof as may be determined by the Secretary of War to be for the best interests of the service, such officer shall undergo such reexamination as may be prescribed by the Secretary of War and which shall be held before a board of officers designated by the Secretary of War, none of whom participated in the original examination of the officer concerned. If the officer concerned fails to pass the reexamination, she shall be honorably discharged from the service in the permanent grade then held with severance pay the same as now or hereafter prescribed for officers of the Regular Army separated by reason of not being selected for promotion.

SEC. 108. (a) An officer on the active list of either the Army Nurse Corps or the Women's Medical Specialist Corps, Regular Army, after twenty years' active Federal service in the armed forces of the United States, may upon her request, at the discretion of the Secretary of War, be retired and shall receive retired pay equal to $2\frac{1}{2}$ per centum of the base and longevity pay she would receive if serving on active duty in the grade in which retired, multiplied by a number equal to the number of years of such active Federal service: *Provided*, That in computing the number of years of such service for the purpose of determining the percentage of active-duty pay, and for no other purpose, any fractional part of a year amounting to six months or more shall be counted as a complete year: *Provided further*, That in no event shall such retired pay exceed 75 per centum of such base and longevity pay: *And provided further*, That regardless of the years of service completed, at any time after such an officer shall have attained the age of fifty, if her permanent grade is below that of major, or at any time after such an officer shall have attained the age of fifty-five, if her permanent grade is major or higher, she may, at the discretion of the Secretary of War without her consent, be retired and upon such retirement she shall receive retired pay equal to 3 per centum of the base and longevity pay she would receive if serving on active duty in the grade in which retired, multiplied by a number equal to the number of years of her active Federal service, but in no event shall such retired pay exceed 75 per centum of such base and longevity pay.

(b) Unless entitled to higher retired rank or pay under any provision of law, each commissioned officer who shall have served for four years as Chief of the Army Nurse Corps, Regular Army, or as Chief of the Women's Medical Specialist Corps, Regular Army, or as an Assistant Chief of the Women's Medical Specialist Corps, Regular Army, shall upon retirement be retired with the rank held by her while so serving, and shall receive retired pay at the rate prescribed by law, computed on the basis of the base and longevity pay which she would receive if serving on active duty with such rank, and if thereafter recalled to active service, shall be recalled in such rank and shall constitute an additional number therein: *Provided*, That the commissioned officer first appointed as Chief of the Army Nurse Corps and the commissioned officer first appointed as Chief of the Women's Medical Specialist Corps, pursuant to this Act, shall, without limitation as to the time they shall serve in such capacities, upon retirement be retired with the rank held while so serving, and shall receive retired pay at the rate prescribed by law, computed on the basis of the base and longevity pay they would receive if serving on active duty with such rank.

(c) In determining eligibility for retirement and the percentage of active-service pay to be employed in computing the amount of retired pay under any provision of law, each commissioned officer on the active list of the Regular Army who is commissioned in any of the corps established by this Act, shall be deemed to have at least the same length of continuous active commissioned service in the Regular Army as any officer junior to her rank in the Medical Department of the Regular Army.

SEC. 109. Except as otherwise specifically provided, all laws now or hereafter applicable to male commissioned officers of the Regular Army, to former male commissioned officers of the Regular Army, and to their dependents and beneficiaries, shall in like cases be applicable respectively to commissioned officers of any of the corps established by this Act, Regular Army, to former commissioned officers of any of the corps established by this Act, Regular Army, and to their dependents and beneficiaries.

SEC. 110. Except for the purpose of determining a person's grade, rank, and right to promotion in the Regular Army (see section 105 (b) hereof) in computing years of active Federal military service for all purposes of any person, there shall be credited military service in the Army Nurse Corps and in the Navy Nurse Corps, active military service rendered pursuant to an appointment under the provisions of the Act of December 22, 1942 (56 Stat. 1072), and active military service rendered pursuant to an appointment under the Act of June 23, 1944 (58 Stat. 324).

SEC. 111. The Secretary of War, under the circumstances and in accordance with regulations prescribed by the President, may terminate the commission of any officer commissioned in any of the corps established by this title.

SEC. 112. Personnel appointed in the Regular Army under the provisions of this Act shall be in addition to the numbers of other commissioned officers of the Regular Army now or hereinafter prescribed by law.

SEC. 113. (a) Effective on the date of enactment of this Act, no further appointment shall be made in the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879), as amended, and no further appointment shall be made pursuant to the Act of December 22, 1942 (56 Stat. 1073), or pursuant to the Act of June 22, 1944 (58 Stat. 324). The acceptance of any Regular Army appointment under this Act shall operate to vacate any other military or civilian status in or with the Military Establishment theretofore occupied by the appointee except an appointment pursuant to the Act of June 22, 1944.

(b) Effective six months following the date of enactment of this Act, the Army Nurse Corps created by chapter V of the Act of July 9, 1918 (40 Stat. 879), as amended, and all offices and appointments therein shall cease to exist: *Provided*, That this provision shall not affect the rights, benefits, privileges, pay, allowances, gratuities, or leave accrued to a person, her dependents, or beneficiaries by virtue of any laws or regulations in effect prior to the enactment of this Act, and where necessary to the full enjoyment of terminal leave, terminal-leave pay, retirement and retired pay, pensions, travel allowance, transportation of dependents and effects, and rights, benefits, privileges and gratuities to which such person or her dependents have become entitled, such corps, offices, and appointments shall continue to exist but only for such purposes.

SEC. 114. Effective the date of enactment of this Act, there shall be established in the Officers' Reserve Corps of the Army of the United States an Army Nurse Corps Section and a Women's Medical Specialist Corps Section.

SEC. 115. Except as otherwise specifically provided, all laws and regulations now or hereafter applicable to commissioned officers and former commissioned officers of the Officers' Reserve Corps, and to their dependents and beneficiaries, shall, in like cases, be applicable respectively to commissioned officers and former commissioned officers of the Army Nurse Corps Section and the Women's Medical Specialist Corps Section of the Officers' Reserve Corps, and to their dependents and beneficiaries.

SEC. 116. Appointments in the Army Nurse Corps Section and the Women's Medical Specialist Corps Section of the Officers' Reserve Corps may be made in such grades and under such regulations as may be prescribed by the Secretary of War, from female citizens of the United States, who have attained the age of twenty-one years, and who possess such physical and other qualifications as may be prescribed by the Secretary of War: *Provided*, That female officers appointed pursuant to the Act of June 22, 1944, and honorably separated from the service thereafter may, if otherwise qualified, be appointed in the appropriate section of the Officers' Reserve Corps established hereby in the highest grade satisfactorily held by her in active service.

SEC. 117. In addition to the obligation to render active service now or hereafter provided with respect to other members of the Officers' Reserve Corps a member of those sections established in the Officers' Reserve Corps by this title may, with her consent, be called to active duty by the Secretary of War for any period or periods of time according to the needs of the Military Establishment, as determined by the Secretary of War.

TITLE II

NAVY NURSE CORPS

[SEC. 201. The Nurse Corps of the United States Navy shall consist of officers commissioned in the grade of nurse by the President, by and with the advice and consent of the Senate, and such officers shall have the rank of commander, lieutenant commander, lieutenant, lieutenant (junior grade), or ensign. The total authorized number of officers of the Nurse Corps shall be six for each thousand of the authorized number of officers, midshipmen, and enlisted personnel of the active list of the Regular Navy and Regular Marine Corps.]

Sec. 201. A Nurse Corps, which shall be a component part of the Medical Department of the Navy, is hereby created and established as a Staff Corps of the United States Navy. The Navy Nurse Corps shall consist of officers commissioned in the grade of nurse by the President, by and with the advice and consent of the Senate, and such officers shall have the rank of commander, lieutenant commander, lieutenant, lieutenant (junior grade), or ensign: Provided, That the total number of officers in the permanent rank of commander and lieutenant commander shall not exceed seven-tenths per centum and one and six-tenths per centum, respectively, of the total number of officers permanently commissioned in the Navy Nurse Corps and serving on active duty. The total authorized number of officers of the Nurse Corps shall be six for each thousand of the authorized number of officers, midshipmen, and enlisted personnel of the active list of the Regular Navy and Regular Marine Corps.

SEC. 202. There shall be a Director of the Nurse Corps appointed by the Secretary of the Navy, upon the recommendation of the Surgeon General of the Navy, from among the officers of the active list of the Nurse Corps of the permanent grade or rank of lieutenant commander or above for a term of not more than four years, to serve at the pleasure of the Secretary of the Navy. While so serving the Director shall have the rank of captain, shall be entitled to the pay and allowances as are now or may be hereafter prescribed by law for a captain of the Navy, and her regular status as a commissioned officer of the Nurse Corps shall not be disturbed by reason of such appointment.

SEC. 203. All members of the active list of the existing Nurse Corps of the Regular Navy, who, on the effective date of this Act, are serving in a temporary rank authorized by present law, may, during a period of not more than six months after enactment of this Act, be transferred to the Nurse Corps created by this Act, and, upon transfer, shall be appointed for temporary service pursuant to, and subject to the limitations of, the Act of July 24, 1941 (55 Stat. 603), as now or hereafter amended, to the same rank and with the same precedence held by them on the date of such transfer, and for the purposes of such appointments under the said Act, such members of the Nurse Corps shall be considered to be commissioned officers in the Regular Navy. Nurses so transferred, who at the time of such transfer had to their credit leave accrued but not taken, shall not, by reason of such transfer, lose such accrued leave. Prior to the termination of their temporary appointments, the Secretary of the Navy shall appoint a board of not less than three naval officers, who, in accordance with such regulations as he may prescribe, shall assign running mates to the Nurse Corps officers transferred and appointed for temporary service pursuant to this section, and such officers shall be assigned permanent ranks corresponding to the permanent ranks held by their running mates: *Provided, That no officer of the Nurse Corps shall be assigned a permanent rank above that of commander.*

SEC. 204. Except as provided in sections 203 and 211 of this title, appointments to the grade of nurse in the Regular Navy shall be with the rank of ensign, and each such appointment shall be subject to revocation by the Secretary of the Navy until such time as the appointee is advanced to the rank of lieutenant (junior grade). Officers whose appointments are so revoked shall be discharged from the service without advanced pay. Such appointees shall be female citizens of the United States who shall have reached the age of twenty-one years on July 1 of the calendar year in which appointed, and who shall not have reached the age of [twenty-eight] *twenty-nine* years on July 1 of the calendar year in which appointed. No person shall be appointed pursuant to this section until she shall have established her mental, moral, educational, professional, and physical qualifications to the satisfaction of the Secretary of the Navy.

SEC. 205. Officers of the Navy Nurse Corps shall have authority in medical and sanitary matters and all other work within the line of their professional duties in and about naval hospitals and other activities of the Medical Department of the Navy next after officers of the Medical Corps and the Dental Corps

of the Navy. They shall exercise such military authority as may be prescribed from time to time by the Secretary of the Navy: *Provided*, That they shall not be eligible for the exercise of command.

[SEC. 206. (a) All provisions of law now existing or hereafter enacted relating to the advancement in rank of officers of the staff corps of the Navy, except those provisions relating to the same subject matter provided for in the following subsections of this section, shall be construed to include officers of the Nurse Corps.]

SEC. 206. (a) *Subject to the limitations of section 201 of this title, all provisions of law now existing or hereafter enacted relating to the advancement in rank of officers of the Staff Corps of the Navy, except those provisions relating to the same subject matter provided for in the following subsections of this section, shall be construed to include officers of the Nurse Corps.*

(b) Paragraph 2, section 16, of the Act of June 10, 1926 (44 Stat. 723); section 17 of the Act of June 10, 1926 (44 Stat. 724); and section 4 of the Act of August 5, 1935 (49 Stat. 530), shall not apply to officers of the Nurse Corps established by this title.

(c) Section 3 of the Act of June 10, 1926, is hereby amended by inserting the following proviso after the colon which appears after the word "mate" in line 17, paragraph 4, thereof, on page 718, volume 44, Statutes at Large: "*Provided further*, That an officer of the Nurse Corps recommended for advancement to the rank of commander in the approved report of a selection board shall be eligible for advancement to such rank when a vacancy occurs therein and when so advanced, such officer shall be entitled to the pay and allowances of the rank of commander only from the date of the vacancy."

(d) Section 16 of the Act of June 10, 1926, is hereby amended by striking out the period as it appears after the word "him" in line 7, paragraph 1, thereof, on page 723, volume 44, Statutes at Large, substituting a colon therefor, and adding the following proviso: "*Provided*, That a selection board to recommend officers of the Nurse Corps for advancement to the rank of commander shall be convened only if there exists a vacancy in such rank or if the Secretary of the Navy estimates or determines that a vacancy will occur in the ensuing twelve-month period."

(e) Boards for selection of Nurse Corps officers for recommendation for advancement to the ranks of commander, lieutenant commander, and lieutenant shall be composed of not less than six nor more than nine officers not below the rank of captain on the active or retired list of the Medical Corps: *Provided*, That in case there is not a sufficient number of officers of the Medical Corps legally or physically qualified to serve on the selection board as herein provided, officers of the line of the active list of the rank of captain may be detailed to duty on such board to constitute the required membership.

SEC. 207. (a) All provisions of law now existing or hereafter enacted relating to retired officers of the staff corps of the Navy and to the retirement or separation from the active list of such officers, except those provisions relating to the same subject matter provided for in the following subsections of this section, shall be construed to include officers of the Nurse Corps.

(b) Each officer of the Navy Nurse Corps who attains the age of fifty-five years while serving in the rank of commander or lieutenant commander and each officer of such corps who attains the age of fifty years while serving in the rank of lieutenant or below, shall be retired by the President on the first day of the month following that in which she attains such age, and, except as otherwise provided in this section, shall be placed on the retired list in the permanent rank held by her at the time of retirement. Nothing contained in this subsection shall be construed to prohibit the transfer, under section 203 hereof, to the Nurse Corps created by this Act of such [member] members of the Nurse Corps, which [exceeded] existed prior to the enactment of this Act, as may have reached the retirement ages specified herein prior to such transfer.

(c) An officer of the Navy Nurse Corps, who may be retired for any reason while serving as Director of such corps or subsequent to service as Director while serving in a lower rank, may, in the discretion of the President if she shall have served two and one-half years or more as Director, be placed on the retired list in the rank held by her as Director: *Provided*, That the commissioned officer first appointed as Director of the Navy Nurse Corps, pursuant to this Act, shall without limitation as to the time she shall serve in such capacity, upon retirement be retired with the rank held while so serving, and shall receive retired pay at the rate prescribed by law computed on the basis of the base and longevity pay she would have received if serving on active duty with such rank.

(d) An officer of the Navy Nurse Corps who shall have served prior to July 1, 1946, in a rank higher than her permanent rank, other than by virtue of appointment as Director of the said corps, shall, when retired for any reason if not otherwise entitled to the same or higher rank, be advanced to the highest rank in which, as determined by the Secretary of the Navy, she served satisfactorily. In any case where, as determined by the Secretary of the Navy, any such officer has not performed satisfactory duty in the highest rank held by her while on active duty, she shall be placed on the retired list with the next lower rank in which she has served but not lower than her permanent rank.

(e) An officer of the Nurse Corps placed on the retired list in her permanent rank pursuant to subsection (b) of this section shall receive retired pay at the rate of 3 per centum of the active-duty pay to which entitled at the time of retirement multiplied by the number of years for which entitled to credit in the computation of her active-duty pay, not to exceed a total of 75 per centum of said active-duty pay.

(f) An officer of the Nurse Corps retired by reason of physical disability incurred in the line of duty shall, if placed on the retired list in a rank higher than her permanent rank, receive retired pay equal to 75 per centum of active-duty pay to which she would be entitled if serving, at the time of retirement, on active duty in the rank in which placed upon the retired list.

(g) An officer of the Nurse Corps retired other than by reason of physical disability incurred in the line of duty shall, if placed on the retired list in a rank higher than her permanent rank, receive retired pay equal to $2\frac{1}{2}$ or 3 per centum of the active-duty pay to which she would be entitled if serving, at the time of retirement, on active duty in the rank in which placed upon the retired list, multiplied by the number of years for which entitled to credit in the computation of her active-duty pay, not to exceed a total of 75 per centum of said active-duty pay.

(h) In any instance in which retired pay is computed as prescribed in subsections (e) and (g) of this section, a fractional year of six months or more shall be considered a full year in computing the number of years by which the rate of $2\frac{1}{2}$ or 3 per centum is multiplied.

(i) The number of years service to be credited to officers of the Navy Nurse Corps in determining their eligibility for voluntary retirement shall be based on the total of all active service either under an appointment or contract or as a commissioned officer in the Nurse Corps of the Army or Navy, or the reserve components thereof and all active service in the Nurse Corps or the Nurse Corps Reserve abolished by this Act shall, for this purpose only, be regarded as commissioned service in the Navy or the reserve components thereof, as the case may be.

(j) Retired officers of the Navy Nurse Corps shall be authorized to bear the title, and, under such regulations as may be prescribed by the Secretary of the Navy, to wear the uniform of the rank with which retired.

SEC. 208. (a) All provisions of law relating to pay, leave, money allowance for subsistence and rental of quarters, mileage and other travel allowances, or other allowances, benefits, or emoluments, of male officers of the Navy, except those provisions relating to the same subject matter provided for in subsection (b) of this section, are hereby made applicable to officers of the Nurse Corps: *Provided*, That the husbands of officers of the Navy Nurse Corps shall not be considered dependents of such officers unless they are in fact dependent on their wives for their chief support, and the children of such officers shall not be considered dependents unless their father is dead or they are in fact dependent on their mother for their chief support: *Provided further*, That officers of the Nurse Corps may be subsisted in hospital messes in accordance with section 17 (a) of the Act of August 2, 1946 (Public Law 604, Seventy-ninth Congress, second session), and such officers may be assigned quarters in naval hospitals under such regulations as the Secretary of the Navy may prescribe.

(b) Longevity pay for officers of the Navy Nurse Corps shall be based upon the total of all periods of active service during which they have held or shall hold appointments as nurses or as commissioned officers in the Nurse Corps of the Army, Navy, or Public Health Service, or the reserve components thereof.

SEC. 209. The Secretary of the Navy, under the circumstances and in accordance with the regulations prescribed by the President, may terminate the commission of any officer commissioned in [any of the corps] the Nurse Corps established by this title.

SEC. 210. The Naval Reserve Act of 1938 (52 Stat. 1175), as amended, is hereby further amended by adding after section 508 thereof an additional title as follows:

"TITLE VI—NURSE CORPS RESERVE

"SEC. 601. A Nurse Corps Reserve is hereby established which shall be a branch of the Naval Reserve and shall be administered under the same provisions in all respects (except as may be necessary to adapt said provisions to the Nurse Corps Reserve, or as specifically provided herein) as those contained in this Act or which may hereafter be enacted with respect to the Volunteer Reserve.

"SEC. 602. Members of the Nurse Corps Reserve may be commissioned in appropriate ranks corresponding to those of the Nurse Corps of the Regular Navy in accordance with such regulations as the Secretary of the Navy may prescribe. Such members of the Nurse Corps Reserve, when on active duty, shall have the same authority in and about naval hospitals and other activities of the Medical Department of the Navy as officers of the Nurse Corps of the Regular Navy.

"SEC. 603. The Reserve established by this title shall be composed of members who are female citizens of the United States and who shall have such professional or other qualifications as shall be prescribed by the Secretary of the Navy.

"SEC. 604. All nurses of the Volunteer Reserve appointed under the authority of title 1, section 4, of this Act are hereby transferred to the Nurse Corps Reserve established by section 601 of this title in such permanent ranks as the Secretary of the Navy may determine and the temporary ranks held by those on active duty on the effective date of this title shall not be vacated by reason of such transfer. Each nurse so transferred, who at the time of such transfer had to her credit leave accrued but not taken, may, subsequent to such transfer, be granted such leave without loss of pay and allowances."

SEC. 211. Sections 5, 6, and 7 of the Act of April 18, 1946 (60 Stat. 92), as now or hereafter amended, shall be construed to include members of the Nurse Corps Reserve and former members of the Nurse Corps or the Nurse Corps Reserve abolished by this Act: *Provided*, That no member of the Nurse Corps Reserve or former member of the Nurse Corps or the Nurse Corps Reserve *who has reached the age of thirty-five years* shall be commissioned in the Nurse Corps of the United States Navy created and established by this Act [who has reached the age of thirty-five years].

SEC. 212. Nurses appointed to commissioned rank pursuant to section 203 of this title who, under a prior appointment in the Nurse Corps, shall have subscribed to the oath of office as required by section 1757, Revised Statutes, shall not be required to renew such oath or take a new oath under her appointment as a commissioned officer in the Nurse Corps of the United States Navy if her service in the Nurse Corps after taking such oath shall have been continuous.

SEC. 213. Effective six months after enactment of this title, all laws or parts of laws inconsistent with the provisions of this title are hereby repealed, and the provisions of this title shall be in effect in lieu thereof and such repeal shall include but shall not be limited to the following Acts and parts of Acts: *Provided*, That the total number of officers in the permanent rank of commander and lieutenant commander shall not exceed seven-tenths per centum and one and six-tenths per centum, respectively, of the total number of officers permanently commissioned in the Navy Nurse Corps and serving on active duty:

(a) The third paragraph, subheading "Repairs, Bureau of Medicine and Surgery", heading "Bureau of Medicine and Surgery", of the Act of May 13, 1908, as it appears on page 146, volume 35, Statutes at Large.

(b) So much of the Act of May 13, 1926 (44 Stat. 531), as relates to the Navy Nurse Corps.

(c) So much of the Act of June 20, 1930 (46 Stat. 790), as amended by the Acts of March 3, 1931 (46 Stat. 1502), and October 17, 1940 (54 Stat. 1192), as relates to the Navy Nurse Corps.

(d) That part of section 4 of the Act of June 25, 1938 (52 Stat. 1176), which relates to the appointment of female registered nurses in the Volunteer Reserve.

(e) That part of section 2 of the Act of June 16, 1942 (56 Stat. 360), which authorizes an increase of 20 per centum in base pay of Navy nurses while on sea duty.

(f) So much of section 13 of the Act of June 16, 1942 (56 Stat. 366), as relates to the Navy Nurse Corps.

(g) The Act of July 3, 1942 (56 Stat. 646).

(h) Section 7 of the Act of December 22, 1942 (56 Stat. 1074).

(i) The Act of February 26, 1944 (58 Stat. 105).

(j) The Act of December 3, 1945 (59 Stat. 594).

SEC. 214. All provisions of existing law repealed by section 213 of this title, which relate to the retirement and the retired pay of members or officers of the Navy Nurse Corps, shall remain in effect with respect to such members or officers who have been retired prior to the effective date of section 213 of this title, and no retired member or officer of the Navy Nurse Corps shall suffer by reason of this title any reduction or loss of retirement benefits to which she was entitled upon the effective date of this Act.

SEC. 215. Except as provided in section 213 hereof, this [Act] title shall take effect [thirty days after] upon the date of its enactment.

Mrs. SMITH. The purpose of this bill is to establish an Army Nurse Corps and a Women's Medical Specialist Corps in the Department of the Regular Army and to establish a Navy Nurse Corps.

Under present legislation both Army and Navy nurses are occupying temporary commissioned rank. With the ending of the war emergency and without new legislation the members of the Army Nurse Corps, the Women's Medical Specialist Corps in the Department of the Regular Army and Navy Nurse Corps, will revert back to relative rank and to the prewar scale of pay allowances which, under the Pay Readjustment Act of 1942, began with the sum of \$1,080 per annum to the top pay of \$1,800 per annum for a person having served 12 years after which there were no increases. Maj. Gen. Norman Kirk, Surgeon General of the Army, and Admiral Clifford E. Swanson, Chief of the Bureau of Medicine and Surgery of the United States Navy, both testified, during the course of the hearing on H. R. 1943, that a reversion to the prewar pay scales would result in a complete dissolution of the Army and Navy Nurse' Corps.

Failure to enact appropriate legislation would place the medical branches of the Armed Services in the impossible position of attempting to compete with civilian nursing agencies which offer a much more attractive salary and less personal deprivation.

Enactment of the present legislation, H. R. 1943, would provide that—

1. Army and Navy nurses and personnel of the Women's Medical Specialist Corps of the Army would be commissioned on a permanent status, the same as all male officers.

2. Pay, leave, money allowances for subsistence and rental of quarters, mileage and other travel allowances, benefits and emoluments would be the same as for male officers.

3. Provisions for promotion would be the same as for male officers except that Army nurses and specialists above the rank of captain and Navy nurses above the rank of lieutenant would be chosen by selection boards.

4. Retirement provisions would be the same as for male officers except that the retirement age is reduced to 55 years in the ranks above captain in the Army and above lieutenant in the Navy, and at 50 years in all ranks below captain in the Army and lieutenant in the Navy, and retirement pay would be based on 3 percent per annum as before.

5. The proposed legislation would establish similar provisions for nurses of both the Army and Navy with exactly the same pay and allowances.

This legislation would not result in any increased per capita expenditures over those maintained during the wartime period.

The legislation herein proposed was originally presented in H. R. 1373 and H. R. 1673. The provisions of these bills have been con-

solidated and presented in H. R. 1943. The War Department and the Navy Department favor this proposed legislation as is indicated in letters from the Secretary of War and the acting Secretary of the Navy. These letters are hereby made a part of this report.

Subcommittee No. 9 concurs with the Army and Navy Departments as to the need of this legislation and recommends the enactment of this bill, Mr. Chairman.

Mr. VINSON. Mr. Chairman, may I make this comment?

The CHAIRMAN. The gentleman from Georgia.

Mr. VINSON. The subcommittee to whom you referred this bill had a very lengthy hearing. We had the benefit of the testimony of the Surgeon General of the Army and the Navy's Chief of the Bureau of Medicine and Surgery. Each section of this bill was read at least twice. We read the Navy bill section by section and agreed to various amendments. We then read the Army bill section by section and perfected it.

Then we directed Madam Chairman Smith to introduce a new bill, H. R. 1943, which comprised the two bills which we had previously considered separately.

Then we again read each section of the new bill and considered them. We had the benefit of the viewpoints of both the Navy and the War Departments.

I think, Mr. Chairman, the subcommittee has done a worthwhile job. Every section in this bill has been carefully considered. There are no jokers in the bill. It is a bill that should address itself to the favorable consideration of the full committee, as well as to the Congress.

So, I make a motion that H. R. 1943 be favorably reported.

Mr. SHORT. I second the motion.

Mr. DURHAM. I second the motion.

The CHAIRMAN. Gentlemen, I wasn't present at all the hearings. As I recall—it may not be correct—there were several amendments adopted, one not by unanimous vote of the subcommittee. Now, we have a motion pending before the full committee, but it seems only fair—we are going on the floor with this bill and of course any member of the committee may offer an amendment on this bill or any provision thereto having to do with any amendment in the new bill. Therefore, may I ask the gentleman from Massachusetts, who is the proponent in the subcommittee of one recent amendment, so we may all understand each other, if he has any other clarifying statement he might wish to make in regard to the 2½ and 3 percent?

Mr. BATES. Mr. Chairman, I think this matter ought to be discussed now by this committee, because I think we are establishing a precedent here today that may come back to haunt this committee very much in the days that lie ahead of us.

This bill is an exceptionally good bill. It has been well thought out. The hearings have been very extensive. The committee has given a great deal of time, thought, and study to it.

We think we have a good bill, with the exception, at least I feel, of one section, and for the information of the committee I wish to say, in regard to that matter which pertains to the retirement allowance for the nurses after they have arrived at the age of 50, that it was very thoroughly discussed in the subcommittee, and it was evenly divided as to whether or not the 3 percent, so-called, provision in the retire-

ment allowance in the Army bill be inserted in the bill so as to include Navy. The chairman came in later and, by his vote, decided that the 3 percent should be placed in the bill for both Army and Navy nurses.

The Navy Department sent word, through the Surgeon General of the Navy, that they were opposed to that amendment, feeling that the approval of such an amendment would make it very difficult for anyone to justify not giving the same retirement privileges to male officers in the Navy who have served the same years as have the nurses.

This bill is an opening wedge, insofar as retirement allowances are concerned, for both the Army and the Navy. I don't want to have it appear that this in any way is frivolous legislation. This, in my opinion, is very important legislation.

Under the present law, all of our officer personnel in the Army and Navy has been retired, with the exception of the Army Nurse Corps, under a 2½ percent provision.

As the chairman of the subcommittee, Mrs. Smith, in her report stated, the nurses prior to this war were not in a commissioned status.

They enjoyed but very little what we call, relatively high pay. They started at only \$1,080 a year and their maximum pay was \$1,800 a year after 12 years of service, after which time they received no further increases.

This bill takes them out of the category of low-paid enlisted help, so to speak. It gives them officer's rank, and places them on the same basis as every other officer in both the Army and the Navy, with all of the benefits of pay, allowances, and every other perquisite that goes with it, so that from the standpoint of pay for the nurses who are in the Navy and the Army from now on, from a commissioned standpoint they will be in exactly the same category or basis as every other officer in both branches of the service.

Now, the rate at which retired pay is now computed for officers and enlisted men of the Army and Navy is 2½ percent per year of service. To compute the retired pay of nurses retired by reason of age at the rate of 3 percent is inconsistent since the bill H. R. 1943 places nurses in the status of officers.

The sole reason for basing the retired pay of nurses on 3 percent for each year of service under existing law was to compensate them for the extremely low rate of pay now prescribed for nurses. Nurses are not officers for pay purposes, but are paid at a different rate which is extremely low when compared to the rate they will receive as officers under the bill H. R. 1943.

Since nurses become officers under the bill H. R. 1943, they will be paid at the same rate as medical officers of the Army and Navy. This is a rate of pay which seldom, if ever, applies in civil life. Nurses are paid less than doctors in civil life, but in the Army and Navy will receive the same pay as the doctors who have the same rank as do the nurses.

Former Reserve officers who have been inducted into the Regular Navy will in the future be subject to retirement at less than the maximum rate of retired pay, due to the fact that they will not have an opportunity to complete 30 years of service. There appears no reason why nurses should receive preferential treatment when retired by reason of age. These officers, who have been called back into the service, that is, these former Reserve officers, will have every justification for expecting retirement pay computed at the rate of 3 percent for each year of service, if it applies to the nurses.

Many male officers of the Navy have been and will be retired involuntarily by reason of age or otherwise with less than 30 years of service, and that may well apply to the Army if the regulations relative to promotion are improved. Under existing law, their retired pay will be computed at the rate of $2\frac{1}{2}$ percent for each year of service. Most of these will not be unfit, but will be retired because they cannot be profitably employed. That is to say, as the men go up through the various ranks into, say, lieutenant commander, commander, or captain, the funnel at the top is just not big enough. These men will be in the age bracket of 40, 45, and 50, probably a little above that, but because there will be no position for them available, even though they are qualified in every respect, they are forced out of the service because they are not selected, and because they are forced out, they will be put on a retirement basis of $2\frac{1}{2}$ percent.

Most of them will have families and children and will have encouraged considerable financial responsibility prior to retirement. Their equity in retired pay appears to be as great as that of nurses, who will be unmarried ladies and therefore without a considerable degree of financial obligation incurred by the male officers.

It appears that nurses will not be subject to forced attrition, that is, they will not have to get out of the Nurse Corps until they are 50 years of age, but will enjoy an unrestricted flow of promotion to the grade of lieutenant in the Navy or captain in the Army. This degree of certainty in their careers seems to mitigate against the provision carried in the bill H. R. 1943 that, when retired for age, they should receive retired pay at the rate of 3 percent for each year of service.

In this connection, it is to be noted that section 9 of Public Law 305 of the Seventy-ninth Congress provides that when any officer of the Regular Navy or Marine Corps serving in a rank below that of fleet admiral has attained the age of 62 years, he shall be retired with retired pay computed at the rate of $2\frac{1}{2}$ percent for each year of service.

Thus, the Congress has not applied the 3-percent rate or a guaranty of maximum retired pay even to those male officers who retire at the age of 62.

It seems, Mr. Chairman, unless we are ready to accept the principle that all our officers in the Army and Navy are eligible for retirement at the rate of 3 percent, we ought to go slow, before we create this new innovation of increasing the rate of retirement from $2\frac{1}{2}$ percent that always existed in the case of officer personnel. The maximum pay of nurses was \$1,800 a year before the war and because of the low pay the retirement rate was 3 percent. Under this bill they are put on the same basis as every officer in both the Army and the Navy, and it seems to me quite preferential to give them any different rate in retirement allowances.

Mr. KILDAY. Mr. Chairman, will the gentleman yield?

The CHAIRMAN. Mr. Kilday.

Mr. KILDAY. Of course, I was not on the subcommittee. I just want information. Under the bill, practically all of these nurses would retire as captain in the Army or lieutenant in the Navy, isn't that correct?

Mr. BATES. That is right.

Mr. KILDAY. Whereas the male officer would be the equivalent of a lieutenant colonel, if he remained in until he is 62, would he not?

Mr. BATES. Sixty-two?

Mr. KILDAY. Yes.

Mr. BATES. That may be right, I don't know.

Mr. KILDAY. In the Navy he would either enjoy high rank or he would have been eliminated, by having been passed over.

So, these nurses are limited, practically, to a maximum rank of captain or lieutenant at the time of retirement.

Mr. BATES. That is right.

Mr. KILDAY. So to that extent, there is a difference between the retirement of nurses and the retirement of male officers.

Mr. BATES. To that extent; yes, sir.

Mr. Chairman, in answer to that question, as I stated here, when these men go up through the ranks from ensign in the Navy or lieutenant in the Army up through the various grades and get up to, say, the rank of lieutenant commander or commander in the Navy, the funnel of promotion, so-called, is getting smaller all the time, and only because a certain number, I think it is probably below one-half of the officers who get to the rank of commander finally get up to the rank of captain, the other half must go out, only because there isn't a position in there for them. They are forced out at an age where they have in many cases family responsibility, and it seems to me that we are establishing a bad precedent here when we give them 2½ percent and the nurses, as I say, who are for the most part single ladies who are paid while in the service the same rate as their corresponding rank held by male officers and are entitled to all the benefits thereby, get 3 percent.

I might add that the Navy opposed this amendment, very much.

Mr. COLE. Mr. Chairman, may I ask the gentleman a question?

The CHAIRMAN. Mr. Cole.

Mr. COLE. I was about to ask if both the Army and Navy Departments requested 3 percent or 2½ percent.

Mr. BATES. The Army came in here with a recommendation of 3 percent, the 3 percent that applies now to the low wage nurses, with maximum pay of \$1,800 a year.

The Navy opposes that amendment for the reason that I have given; I think it is a bad precedent and would be pretty difficult for us to justify in the light of the other conditions which I have called to your attention.

Mr. BROOKS. Will the gentleman yield?

The CHAIRMAN. Just a moment. The gentleman from New York had the floor. Mr. Cole.

Mr. COLE. Do I understand, then, that the subcommittee approved the recommendation of the War Department and amended the recommendation of the Navy Department in such a way as to make the Army and Navy percentages the same?

Mr. BATES. Yes, sir; it is exactly the same. They brought the Navy up from 2½ to 3 percent.

As I said, the committee was evenly divided. The chairman came in and decided the vote.

Mr. BROOKS. Mr. Chairman, will the gentleman yield?

The CHAIRMAN. First, I might state the War Department did not recommend 3 percent. In the slang expression, they threw themselves in the hands of the committee. I think the gentleman from Texas, Mr. Kilday, has made a very apt observation, in that the retirement features as they apply to women in the Nurse Corps are not the same

as they apply to the male officers in the Army and Navy, at the later age.

Now, I will yield to the gentleman from Louisiana.

Mr. BROOKS. We may be called on to create a permanent WAC Corps. In that case, and where you limit the promotions in the WAC's to colonel or less, what would you think about the same relative formula for retirement for a member of the WAC?

Mr. BATES. I don't know enough of the details with regard to that proposed legislation to make a comment on it.

Mr. BROOKS. Well, offhand, if we limit the promotion in the WAC's, and it is made permanent, would you feel that the same formula might apply to retirement in the WAC as applies to the nurses?

Mr. BATES. The only answer I can give to this question is in the broad sense, that while you are limiting the age to which a nurse can serve, say, until she is 50 years of age, you are by indirection limiting the number of years a male officer can serve also in the Navy.

I am not speaking about automatic promotion that now exists in the Army and ought to be changed. I am speaking about the Navy selection system that has been in effect for many years. When they get up to the rank of lieutenant commander or commander, there is just not enough vacancies at the top and at least half of them have to leave the service. Now, what about those men? They are at that age in life when the family responsibility is bound to be heavier than at any other part in their entire career.

Mr. SHORT. Will the gentleman yield?

Mr. BATES. Yes.

The CHAIRMAN. The gentleman from Missouri.

Mr. SHORT. Certainly the gentleman from Massachusetts doesn't want to penalize the childless old maids, in suggesting that we are going to base our retirement pay on the number of children that an individual might have or the responsibility of his own personal life.

It should depend upon the service that the individual is rendering, regardless of how many children they might have.

Mr. BATES. That is the thing I am speaking about, if that is what the gentleman has in mind there. We should apply the 3 percent to the men who are forced out of the armed services, as I explained before. That is if we want to be consistent.

The CHAIRMAN. Now, the gentleman from Georgia, Mr. Vinson.

Mr. VINSON. Mr. Chairman, if this is turning into a debate, let me say that the subcommittee had the benefit of Mr. Bates' viewpoint and that of the Navy Department for 2 days, and after careful consideration the subcommittee voted four to three. With the chairman of the committee voting with the majority, to make it 3 percent.

Mr. BATES. It was four to four, Mr. Chairman on the adoption of 2½ percent amendment.

Mr. VINSON. Now we have gone over this and I think the conclusion of the subcommittee is well founded. Therefore, I renew my motion that the bill be favorably reported to the House as amended, with the various committee amendments.

Mr. SHORT. I renew my second.

The CHAIRMAN. Before putting the motion to a vote, the Chair would like to remind the committee membership that in all probability we will have before the committee within a reasonable time the Department bills, affecting both the Army and the Navy, generally,

in the same way in which we have had this Nurse Corps bill before the committee. The question will then come up as to whether or not you want to put the $2\frac{1}{2}$ or 3 percent basis over all.

Now, is there any further discussion?

Mr. BATES. Mr. Chairman——

The CHAIRMAN. Just a moment. The gentleman from Texas, Mr. Kilday.

Mr. KILDAY. I would like to ask the chairman of the subcommittee whether the retirement features of H. R. 1943 are retroactive?

Mrs. SMITH. They are not.

Mr. KILDAY. By express provision of the bill?

As I understand, general legislation which would raise the pay of members of the active-duty personnel would automatically raise the retired pay. I know that is true as to the Army.

Here is what I was interested in: Up until, I think it was 1942, the Army nurse had only relative rank, rather than actual rank.

Mrs. SMITH. That is correct.

Mr. KILDAY. And my recollection is that it was held that they did not get the retirement pay, the increased retirement pay provided in our last pay bill, the "red apple" bill, or whatever it was, if they were retired prior to the time they got actual rank, which I think was 1942.

In other words, a nurse who retired prior to that time draws retirement pay on the low salary which was received with relative rank, whereas those who were retired afterward have it based on actual rank.

Now, does this bill do anything to correct that discrepancy, or does it remain the same?

Mrs. SMITH. I believe it does not, but I would like to refer to Captain Nunn.

Captain NUNN. Mrs. Smith, you are correct.

Mr. Kilday, it would not alter the status of those who have previously retired to the enactment of last year's pay bill.

We, in the Navy Department, and I am sure in the War Department, too, are conscious of that problem, and we will endeavor to ask Congress to enact a bill to equalize that.

Mr. KILDAY. That is what I wanted to ask, whether consideration had been given to that.

Captain NUNN. We hope to submit such a request to Congress, sir. We felt it was properly the subject of a separate measure, sir.

Mr. KILDAY. All right.

Mr. BATES. Captain Nunn, take the chair for a minute,

Mr. Chairman, I offer an amendment.

The CHAIRMAN. The gentleman from Massachusetts offers an amendment, which he will read.

Mr. BATES. On page 12 of the bill, line 6, strike out the numeral "3" and insert " $2\frac{1}{2}$ ".

On page 25 of the bill, subsection (e) of section 207, strike out the numeral "3" and insert " $2\frac{1}{2}$ ".

Now, Mr. Chairman, I offer that as an amendment, and I would like to indulge in the opportunity to ask Captain Nunn one question.

The CHAIRMAN. All right.

Captain NUNN. Yes, sir.

Mr. BATES. Captain Nunn, the Navy happens to have a selection system that has worked splendidly over a period of years; they do not have selection in the Army, where the men are selected on the basis of fitness.

Captain NUNN. Yes, sir.

Mr. BATES. If they go up for selection the first time, and they are not selected, they have one other opportunity. The second time they go up for selection and they fail of selection they get out of the service altogether, is that right?

Captain NUNN. Yes, sir, that is true.

Mr. BATES. In other words, they get two tries at promotion?

Captain NUNN. Yes, sir.

Mr. BATES. And even though they may be well fitted, which we know in many cases they are, because of the lack of vacancies they just cannot be selected.

Captain NUNN. Yes, sir.

Mr. BATES. Now, do you happen to know what percent, let us say, of officers who go in with the rank of ensign and on up through to, finally, say, a captain?

Captain NUNN. Mr. Bates, of course the attrition to which naval officers are subject throughout their career would amount to the difference between 1 percent of admirals who reach the top of the Navy list and the 100 percent of ensigns who enter at the bottom, but all of that attrition is not forced attrition.

Mr. BATES. That is right.

Captain NUNN. Some is due to death.

Mr. BATES. That is right.

Captain NUNN. Voluntary retirement or other reasons.

Mr. BATES. That is right.

Captain NUNN. I believe—and I would like to ask Commander Martineau of the Bureau of Personnel to check me on this figure—that forced attrition throughout an officer's career approximates about 60 percent of the Navy list.

Mr. BATES. In other words, 60 percent of all officer personnel who reach, say, the rank of lieutenant commander, commander or captain, who just cannot go any higher because of the lack of vacancies, is that the thought you wish to leave with us?

Captain NUNN. Yes, sir. That forced attrition of 60 percent does not represent an unsatisfactory group. It represents in the main, a group for which no billets are available, those who cannot be profitably employed.

Mr. BATES. And what would you say, Captain, if you have the information, is the average age of those men?

Captain NUNN. A very general average, sir, would be, after 21 years of service, I should say at about the age of 41.

Mr. BATES. Forty-one?

Captain NUNN. Yes, sir.

Mr. BATES. In other words, Mr. Chairman, what the captain is telling us is that the average age of this 60 percent of the officers in the Navy who are forced out because there are no billets available is about 41 years of age.

The CHAIRMAN. May I ask the gentleman—

Mr. BATES. Now, then, at what rank would you say they have arrived, at that average age?

Captain NUNN. Lieutenant commander, sir.

Mr. BATES. Which is just one step above that of lieutenant?

Captain NUNN. Yes, sir.

Mr. BATES. That is all.

The CHAIRMAN. Will the gentleman yield there?

Mr. BATES. You can ask the witness a question, if you wish. He is the expert.

The CHAIRMAN. Well, I will ask the expert, Captain Nunn. Whether the percentage is $2\frac{1}{2}$ or 3, that same situation will prevail; won't it?

Captain NUNN. Yes, sir.

Mr. DURHAM. Mr. Chairman——

The CHAIRMAN. I yield to the gentleman from North Carolina.

Mr. DURHAM. Mr. Chairman, since we have had this explanation from the Navy, if permissible, I would like to ask General Kirk to state his reason for asking for this 3 percent. I don't think all of the committee is familiar with some of the reasons that have been explained in the hearings.

The CHAIRMAN. General Kirk, have you time to come forward?

General KIRK. Yes, sir.

The CHAIRMAN. General Kirk, The Surgeon General of the Army.

STATEMENT OF NORMAN T. KIRK, THE SURGEON GENERAL OF THE ARMY

General KIRK. Mr. Chairman, we have been thinking about this Nurse Corps bill for some time. Recently, through the War Department, we tried to receive, and did receive, authority to ask for 75 percent retired pay for these women when they become 50 years old, because we felt we couldn't use them any longer at that age. We had the approval of the War Department, but the budget said no.

There was a statute, however, that permitted the nurse to be retired at 3 percent per year of service. The budget then authorized us to ask for 3 percent per year of service, not to exceed 75 percent, instead of the original 75 percent we had gotten through the War Department for these women.

We feel the life of a woman as a nurse on her feet, bedtime nursing, ceases at 50 years. As a matter of fact, I think it is 45 years. It is believed today in the Army that a colonel is good until he is 60 and a major general until he is 64. In the Army, it is believed that a male officer is good until he is 62.

But these aren't administrative jobs that these women are doing. It is bedside nursing. As a matter of fact, I think the age would be 45, rather than 50.

Now, we are limiting these nurse officers. There are only 2 percent who will go beyond the grade of captain. We are using them during their life span for their availability to work, and we are relieving them from the Army at the age of 50.

We felt, because of that, that they were entitled to 75 percent of pay, the same as the officers that we could use in an administrative or other job until he was 60, to even it off.

That is why we asked for 3 percent.

Mr. SHORT. Mr. Chairman——

The CHAIRMAN. The gentleman from Missouri.

Mr. SHORT. General, in order to compete with the prices paid outside, that is, for nursing in private hospitals, you have to offer some inducement, in order to get competent and efficient nurses.

General KIRK. We have. In fact, we are very much understaffed now, as you probably know.

Mr. CLASON. I would like to ask a question.

The CHAIRMAN. Mr. Clason.

Mr. CLASON. In reference to nurses in private hospitals and municipal or Government hospitals, at what age are they put on retirement?

General KIRK. They have no age requirement, sir.

Mr. CLASON. In the Public Health Service, they don't get it until they become—what age?

General KIRK. I can't tell you what Public Health does, sir.

Mr. CLASON. Well, isn't it 65, or some age like that, when the civil-service pay goes into effect, that is, retirement pay?

General KIRK. It may be.

Mr. CLASON. The service which is rendered by those nurses in the Public Health Service for the Government is exactly the same as that rendered in the Navy and the Army, is it not?

General KIRK. It is if they are doing bedside nursing.

Mr. CLASON. Yes.

Then, this bill, if it becomes law, would offer to those nurses, certainly the same right and inducement to come in and ask the Federal Government to give them the same advantages.

General KIRK. I am sure they are entitled to it.

Mr. CLASON. Yes.

Then, would you say, also, that other Government employees who are on their feet and doing laborious work are also entitled to retirement on the same basis and to the same extent that nurses are who are on their feet?

General KIRK. I am interested in Army nurses, sir.

Mr. CLASON. I know it, but at the same time you must take into consideration other persons besides this particular class, and if other people are also working for the Government and have worked 30 years, or whatever the period is, and reached the age of 50, then, on your argument, they would be entitled, every one of them, to be retired by the Government at age 50.

General KIRK. Well, sir, I would have to explore that a little further before I made a statement of yes, but I think if we retire people younger than that is, at an earlier age, we would have better service.

Mr. CLASON. Well, are you—

General KIRK. In our Army before, when we have no retired age for nurses, our nurses home at our general hospitals looked like old women's homes. There was no work we could give them to do. We would pay them the grade and they would sit around and do nothing. We had to give them jobs. The younger nurses—there were so many allowed—were doing the work of this older person that was sitting around doing nothing, because she wasn't able to. That is why we asked that these nurses be retired at the age of 50.

Mr. CLASON. Well, at the present time, apparently they are asking for the retirement of a great many public servants, persons who have served anywhere from 20 years to more—they certainly have up in my area, and I think they have probably down in Washington, too,

as well as elsewhere—and yet they are being refused retirement until they reach this particular age or have served 30 years.

You are giving this particular group or class advantages that are not extended to other civil-service employees or other employees of the United States Government, are you not, by this bill?

General KIRK. We may be asking for that, sir.

Mr. BATES. Mr. Chairman, let me ask a question—

The CHAIRMAN. Just a moment. The gentleman from Massachusetts has the floor.

Mr. BATES. General Kirk, we also have before us a bill creating what is called the Women's Specialist Corps.

General KIRK. Yes, sir.

Mr. BATES. That embraces dietitians, occupational therapists, and physiotherapists.

General KIRK. Yes, sir.

Mr. BATES. If the provisions of this 3 percent bill applies to the nurses, are you willing to recommend it also be applied to these women specialists?

General KIRK. It has been so recommended.

Mr. BATES. It has been so recommended?

General KIRK. Yes, sir.

Mr. BATES. That is all.

Mr. VINSON. Let us vote.

The CHAIRMAN. Gentlemen, you have heard the amendment offered by the gentleman from Massachusetts, Mr. Bates.

Mr. VAN ZANDT. Mr. Chairman—

The CHAIRMAN. The gentleman from Pennsylvania, Mr. Van Zandt.

Mr. VAN ZANDT. I yield to Mr. Bishop.

Mr. BISHOP. General—

The CHAIRMAN. Mr. Bishop.

Mr. BISHOP. Can you answer what will be the cost of this 3 percent over the 2½ percent?

General KIRK. No, I can't answer as to the cost. This bill won't cost any more than it is costing the Government at the moment. These women that are being retired now for physical disability are getting 75 percent pay. They are not being retired, however, at the age of 50.

Now, as to the cost this will bring to the Government because these women are retired at this age, I can't answer, sir.

Mr. DURHAM. Will the gentleman yield?

That is the law at the present time, is it not?

General KIRK. Yes, sir.

The CHAIRMAN. The gentleman from Illinois has the floor.

Mr. BISHOP. The Army, then, has authorized or, in other words, O. K.'d the bill?

General KIRK. Yes, sir.

Mr. BISHOP. What is the cost, then, on their promotion that will take place?

General KIRK. The cost will be no more than it is now costing for these nurses in that present grade. There are some 7,000 nurses on duty in the Army today in these various grades.

Mr. BISHOP. Under this set-up, will there be any over-lapping to service?

General KIRK. I don't quite understand.

Mr. BISHOP. By that I mean, will it bring them into a different bracket than they have served in heretofore?

General KIRK. No, sir. The provision of the law says that no nurse will be brought in a grade higher than she served during the war.

The CHAIRMAN. Is there any further discussion?

Mr. VAN ZANDT. Mr. Chairman—

The CHAIRMAN. The gentleman from Pennsylvania, Mr. Van Zandt.

Mr. VAN ZANDT. General, at what age are the nurses admitted to the corps?

General KIRK. During this integration, they will be admitted into the corps up to the age of 35. Those are nurses that served during the war. In the future, the new nurses coming in from civil life will be from the age of 21 to 28 years.

Mr. VAN ZANDT. Have you any figures as to the difference in cost between 2½ percent and 3 percent?

General KIRK. No. It would just be a half percent difference on the number of years that the given nurse served, to reach the age of 50. The older group that come in at 25 and serve 25 years at 2½ percent would get the 75 percent pay.

It would only be the women that come in between 21 and 25 that make any difference in that age group, of the new women coming in initially into the corps.

Mr. VAN ZANDT. Mr. Chairman, I wonder if the Surgeon General of the Navy may have the estimated cost of this bill.

Mr. SHAFER. Let us have a little order, Mr. Chairman.

The CHAIRMAN. Admiral Swanson, will you come forward a moment?

Thank you, General Kirk.

General KIRK. Thank you, sir.

Mr. THOMASON. Mr. Chairman, I think the gentleman wanted to ask General Kirk a question.

The CHAIRMAN. Just a minute. The gentleman from Pennsylvania has the floor.

Admiral Swanson.

Mr. VAN ZANDT. Admiral, can you furnish the committee with a statement of the cost of this bill?

Admiral SWANSON. A comparison of the cost of maintaining the Nurse Corps under the Pay Readjustment Act of 1942 and under the proposed legislation would show an increased cost, on a per annum basis, of 3.8 million dollars.

I do not believe that that is a factual comparison, because the Navy nurses now are getting the pay of their rank as officers.

Mr. VAN ZANDT. You are speaking for the Navy alone, are you?

Admiral SWANSON. That is correct.

The CHAIRMAN. That increase is just not the half percent; that is the increase in pay.

Admiral SWANSON. That is the increase in pay.

Mrs. SMITH. Mr. Chairman, may I add something to the record?

Will the gentleman yield?

Mr. VAN ZANDT. I yield.

Mrs. SMITH. Won't the retirement cost depend largely on the strength of the services, that is, the Army and the Navy?

Admiral SWANSON. It will depend wholly on that.

Mrs. SMITH. I would like to present for the record some figures as to the cost of the Army and Navy Nurse Corps. I'll read them here if the committee wants to hear them.

Mr. VAN ZANDT. I would like to hear them.

Mrs. SMITH. The 1948 budget of the Navy Nurse Corps, exclusive of the retired group, is \$9,696,204.50, and that is for 3,528 nurses.

The 1948 budget of the Army Nurse Corps is \$22,506,504.50, and that is for 7,438 nurses on active duty and 2,000 already retired. This amount also includes items such as subsistence, travel, quarters, and so forth.

The Navy Nurse Corps per capita, exclusive of the retired group, per annum is \$2,828.53.

Now, it seems to me that we have to talk about per capita cost rather than the over-all cost, until we know something about the strength of the Army and the Navy.

The per capita cost, including subsistence, in the Army is \$3,028.58, but that includes the retired nurses, too.

Mr. LEROY JOHNSON. Will the lady yield for a question?

Mrs. SMITH. Yes.

Mr. LEROY JOHNSON. How much more will it be under the new schedule?

Mrs. SMITH. As I understand it, the cost will be the same per capita as it has been since July 1, 1944.

Mr. DURHAM. Exactly.

Mrs. SMITH. There of course will be a difference between prewar cost and the present time.

Mr. VINSON. Now, Mr. Chairman—

The CHAIRMAN. The gentleman from Georgia.

Mr. VINSON. We have devoted 1 hour to this amendment. I think we all have the issue clearly in mind. I suggest we now vote.

Mr. BATES. Mr. Chairman—for the record, Admiral Swanson, what has the Navy to say about this amendment?

Admiral SWANSON. Well, I am expressing the viewpoint of the Navy Department. They wish to have the nurses retired on the same standard as the officers of other branches, that is, 2½ percent per annum of the base pay. Lieutenant commanders, when they do not become promoted to commander, are retired, roughly, after 21 years of service at 2½ percent per annum of the base pay multiplied by their years of service.

Commanders who are not selected to captain are retired at 2½ percent of their base pay per annum, after approximately 27 years of service. Because of that, I have been instructed to say that the Navy Department's view is that nurses should be retired under the same standard as other officers.

Mr. SHORT. Mr. Chairman—But the nurses, when retired, will not have the high rank of many of the other officers.

Admiral SWANSON. Most of the nurses will be retired as senior lieutenants.

Mr. BATES. And what would you say, then, as to the rank of male officers on retirement, after what you heard Captain Nunn say here? What would their rank be at the age of 41?

Admiral SWANSON. Well, I can't give you the percentage breakdown, but he used the percentage of 60 percent, 60 percent who were forced into involuntary retirement.

I couldn't give you the percentage break-down, but the greater percentage would fail of promotion as commanders, from lieutenant commanders to commanders.

The CHAIRMAN. Thank you very much, Admiral Swanson.

Now, you have all heard the amendment. All in favor of the amendment of the gentleman from Massachusetts will please——

Mr. BATES. I ask a roll call, Mr. Chairman.

The CHAIRMAN. Gentlemen, are there three requests for a roll call?

Mr. COLE. Yes.

Mr. SHORT. Let us have a roll call.

The CHAIRMAN. The clerk will call the roll.

Those in favor of the amendment offered by the gentleman from Massachusetts, Mr. Bates, will signify by saying "Aye," and those opposed say "No."

Mr. HARPER. Mr. Andrews?

The CHAIRMAN. Pass.

Mr. HARPER. Mr. Short?

Mr. SHORT. No.

Mr. HARPER. Mr. Arends?

Mr. ARENDS. Aye.

Mr. HARPER. Mr. Cole?

Mr. COLE. Aye.

Mr. HARPER. Mr. Clason?

Mr. CLASON. Aye.

Mr. HARPER. Mr. Thomas?

Mr. THOMAS. Aye.

Mr. HARPER. Mr. Bates?

Mr. BATES. Aye.

Mr. HARPER. Mr. Shafer?

Mr. SHAFER. Aye.

Mr. HARPER. Mr. Hess?

Mr. HESS. Aye.

Mr. HARPER. Mr. Elston?

Mr. ELSTON. Aye.

Mr. HARPER. Mr. Anderson?

Mr. ANDERSON. Aye.

Mr. HARPER. Mr. Blackney?

Mr. BLACKNEY. Aye.

Mr. HARPER. Mrs. Smith?

Mrs. SMITH. Aye.

Mr. HARPER. Mr. Johnson?

Mr. LEROY JOHNSON. Aye.

Mr. HARPER. Mr. Towe?

Mr. TOWE. Aye.

Mr. HARPER. Mr. Bishop?

Mr. BISHOP. Aye.

Mr. HARPER. Mr. Gavin?

Mr. GAVIN. Aye.

Mr. HARPER. Mr. Norblad?

Mr. NORBLAD. Aye.

Mr. HARPER. Mr. Van Zandt?

Mr. VAN ZANDT. Aye.

Mr. HARPER. Mr. Vinson?

Mr. VINSON. No.

Mr. HARPER. Mr. Drewry?

Mr. DREWRY. No.

Mr. HARPER. Mr. Thomason?

Mr. THOMASON. No.

Mr. HARPER. Mr. Brooks?

Mr. BROOKS. Aye.

Mr. HARPER. Mr. Johnson?

(No response.)

Mr. HARPER. Mr. Kilday?

Mr. KILDAY. No.

Mr. HARPER. Mr. Durham?

Mr. DURHAM. No.

Mr. HARPER. Mr. Sasscer?

(No response.)

Mr. HARPER. Mr. Heffernan?

(No response.)

Mr. HARPER. Mr. Rivers?

(No response.)

Mr. HARPER. Mr. Sikes?

Mr. SIKES. Aye.

Mr. HARPER. Mr. Philbin?

Mr. PHILBIN. No.

Mr. HARPER. Mr. Hebert?

Mr. HEBERT. Aye.

Mr. HARPER. Mr. Winstead?

(No response.)

Mr. VAN ZANDT. Mr. Chairman, I change my vote to "No."

The CHAIRMAN. Mr. Van Zandt changes his vote from "Aye" to "No."

Mr. VINSON. Doesn't the chairman want to give us the benefit of his view on it?

The CHAIRMAN. Mr. Harper, you will record me as "No."

Mr. HARPER. 19 to 9 in favor.

The CHAIRMAN. The amendment of the gentleman from Massachusetts is adopted by a vote of 19 to 9.

The question now recurs—

Mr. COLE. Mr. Chairman—

Mr. ANDERSON. Mr. Chairman—

The CHAIRMAN. Mr. Cole.

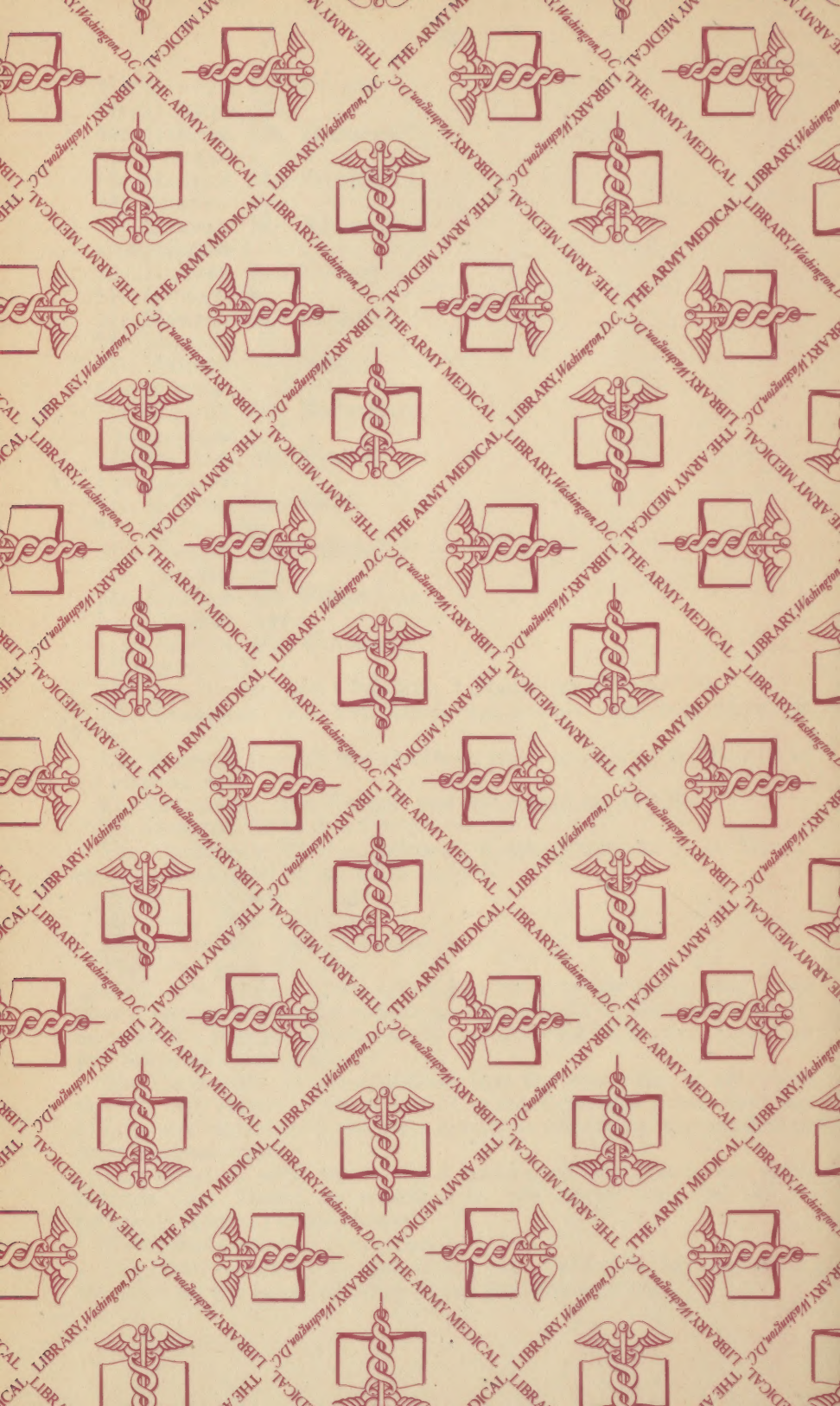
Mr. COLE. In view of the action just taken by the committee, I call your attention to another committee amendment on the same subject, on page 25, line 22, which should be corrected to match the action just taken by the committee.

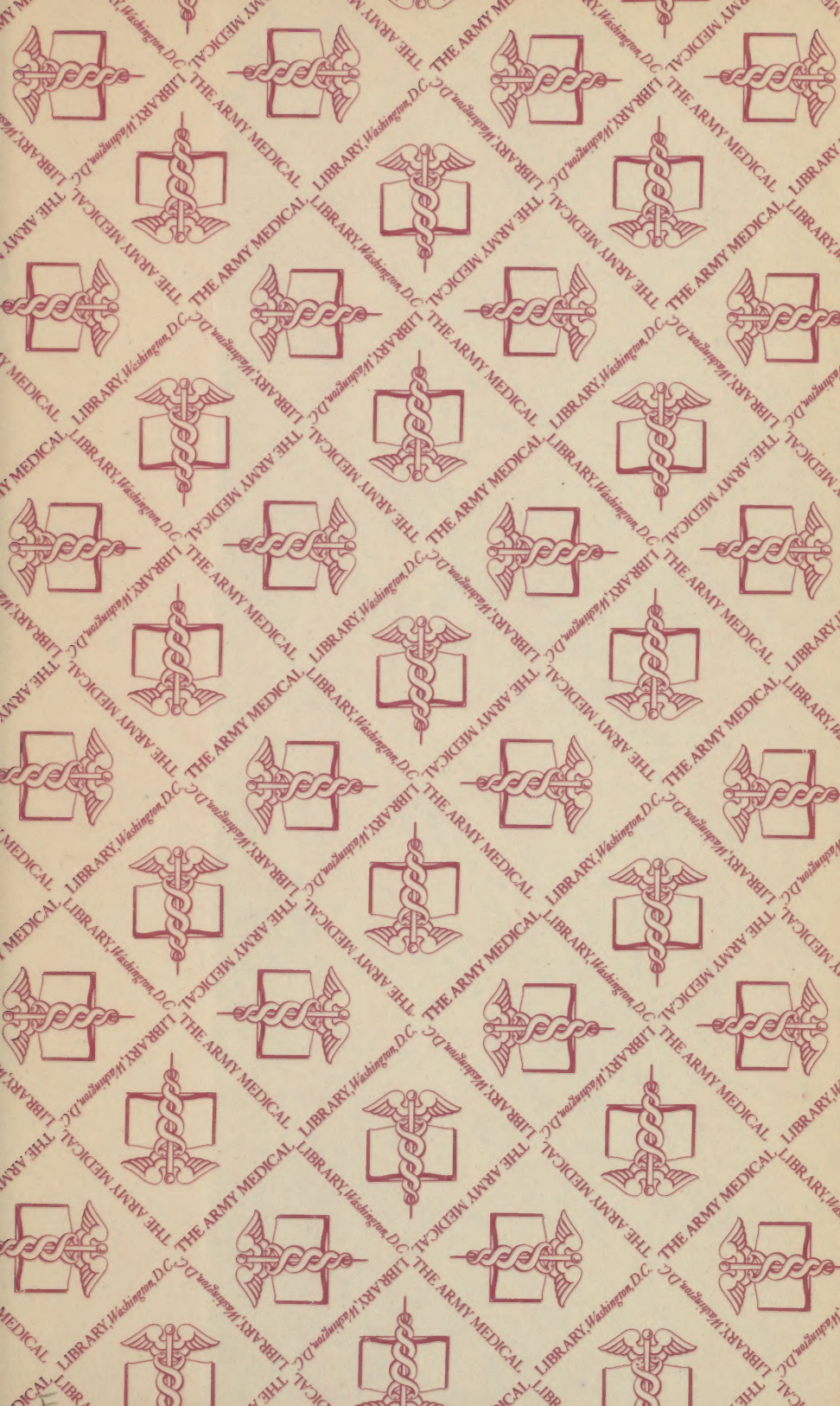
The CHAIRMAN. It is understood that the chairman, in reporting the bill, will report it where the 2½ percent prevails throughout the bill, in accordance with the amendment as offered by the gentleman from Massachusetts.

The question now recurs on a motion of the gentleman from Georgia, Mr. Vinson, as seconded by Mr. Short, that the bill be favorably reported to the House.

Without objection, it is so ordered.

The Chair recognizes the gentleman from California, Mr. Anderson, to report on the so-called Army-Navy procurement bill.





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